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ABSTRACT

The purpose of this manual is to promote the inclusion of special needs children in child care environments by applying an eight-step process of training, mentoring, and evaluating. The material in the manual covers approximately 6 months of enabling experiences for child care center owners and directors preparing to include special needs children in their program. Through this eight-step program they should: (1) make a commitment to the principle of inclusion; (2) participate in an 8-hour workshop; (3) observe model centers; (4) accept technical assistance; (5) engage in self-evaluation; (6) schedule an independent evaluation; (7) agree to validation review; and (8) publicize their policy of inclusion. The bulk of the manual contains activities for the 8-hour workshop, trainer resources, participant handouts, staff evaluation instruments, sample letters and forms, and a list of additional resources. A 10-minute audio cassettes (not available from ERIC) contains questions and answers about the Americans with Disabilities Act and a story told by a handicapped child and a parent. (MDM)

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ED 367 440

INCLUDING SPECIAL NEEDS CHILDREN IN CHILD CARE ENVIRONMENTS

A MANUAL TO ENABLE CHILD CARE DECISION-MAKERS TO OFFER DEVELOPMENTALLY APPROPRIATE PRESCHOOL PROGRAMS FOR CHILDREN WITH AND WITHOUT SPECIAL NEEDS

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INCLUDING SPECIAL NEEDS CHILDREN IN CHILD CARE ENVIRONMENTS

BACKGROUND

In a research monograph published by the National Association for the Education of Young Children (NAEYC), Deborah Phillips writes, "During the last 10 years, researchers have increasingly acknowledged the complexity of defining quality in child care. Quality, by its nature, is a fuzzy concept." (QUALITY IN CHILD CARE: What Does the Research Tell Us? p.13)

As difficult as it is to define what constitutes quality in child care, it is even more of a challenge to discretely define the indicators for quality programs in which children with disabililties are included. Christine Salisbury (EXCEPTIONAL CHILDREN, 1991), compares quality indicators from early childhood education and early childhood special education. The questions she attempted to answer was: What does the child - any child - need to succeed?

In her analysis, Salisbury found a strong degree of concordance between the two sets of indicators. This may lead us to conclude that quality care for special needs children is not much different from quality care for any child. The process of including the special needs child in regular care giving environments may focus more on a consensus among child care providers that it is not only feasible but desireable.

THE PURPOSE OF THIS MANUAL IS TO PROMOTE THE INCLUSION OF SPECIAL NEEDS CHILDREN IN CHILDCARE ENVIRONMENTS BY APPLYING A PROCESS OF TRAINING, MENTORING, AND EVALUATING. It is focused on child care providers of both center-based care and home-based care.

In center=based care it is the owners and operators who interprept the principle of inclusion for their individual facility. Of course, the commitment to include **ALL** children in a facility must be made at all levels, from part time aides to full time directors. But it is the owner/director who provides stability to a center as well as day to day management. Hence it is this group who are targeted by the process defined in this manual.

The **MAINSTREAMING WORKS! Training Manual**, developed earlier, focused on child care persoonel. It is still being used to provide information and skill development to those who work directly with children in their day-to-day care.

The present manual, **INCLUDING SPECIAL NEEDS CHILDREN IN CHILD CARE ENVIRONMENTS**, was written after researching data banks concerning early childhood and early childhood special education. It includes an eight-step process which requires participant commitment to the principle of inclusion and the time needed to prepare themselves and their facility.

Funding for the development of these materials and the implementation of the process was through a grant from the Department of Health and Rehabilitation Services, Office of Children, Youth and Family Services, Tallahassee, Florida.

Project A.C.C.E.P.T. (Accessing Children to Childcare and Education through Personnel Training) was conceived by **IMPACT, Inc.,** a non-profit agency serving the needs of preschool developmentally handicapped children in Lee County.

Information concerning the grant or the training materials should be directed to Daneen Clarke, M.A. Executive Director, IMPACT, Inc., 6290 Corporate Court, Fort Myers, FL 33919. (813) 481-1114.

The research and development of this manual was the work of:

Harriet F. Reece, Ph. D
Coordinator, **Project A.C.C.E.P.T.**
1992 - 1994

ABOUT THE AUTHOR

Harriet F. Reece has been in the field of education for over 35 years. She holds four degrees, including an M.A. and Ph.D. in Special Education from Kent State University. Dr. Reece has worked as a classroom teacher of both handicapped and non-handicapped children. She has taught kindergarten, elementary grades, high school, undergraduate and graduate level college courses.

For eleven years, she was a coordinator of special programs and services in Cleveland, Ohio, a Regional Special Education Resource Center. Since coming to Florida in 1984, she has been an adjunct professor at the **University of South Florida**, a coordinator of special projects at ***IMPACT, Inc.***, and a private educational consultant.

Dr. Reece has published articles on the use of computers with handicapped children. She revised and up-dated the manual ***MAINSTREAMING WORKS!***, a notebook-bound resource for use in training child care workers. This resource is now being used by HRS as one of the topics for certifying child care workers.

ACKNOWLEDGEMENTS

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Daneen Clarke, M.A., Executive Director of ***IMPACT, Inc.*** wrote the grant for ***Project A.C.C.E.P.T***. reviewed draft materials, and offered support.

Darlene McConnell and **Mary Ellen DeCrapio** audio taped the stories of the handicapped child and the parent.

Darlene, Program Coordinator for ***IMPACT*** Children's Center, also met with the author repeatedly, to discuss and brainstorm ideas ranging from the concept of mainstreaming to child care policies and program planning. Darlene's expertise in the field of early childhood is reflected in some of the materials used in this manual.

Jon Tihan and Barbara Koehler audio taped the Q & A on Child Care Setting and the Americans With Disabilities Act.

Sandy Prickett worked with the author on type setting and laser printing. His expertise in "massaging" the data, produced the eye-appealing quality seen here.

FACILITATING INCLUSION

The material in this manual covers approximately six months of enabling experiences for child care owners and directors preparing to include special need children in their program. Particpants should be recruited based on their willingness to make a commitment, not only to the principle of inclusion, but also to the time it will take to complete the eight steps identified below:

STEP 1: MAKE A COMMITMENT

STEP 2: PARTICIPATE IN AN 8-HOUR WORKSHOP

STEP 3: OBSERVE MODEL CENTERS

STEP 4: ACCEPT TECHNICAL ASSISTANCE

STEP 5: ENGAGE IN A SELF-EVALUATION

STEP 6: SCHEDULE AN INDEPENDENT EVALUATION

STEP 7: AGREE TO A VALIDATION REVIEW

STEP 8: PUBLICIZE POLICY OF INCLUSION

Users of this manual should see its contents as a whole, based on a **PROCESS**. The training components are only one part of the whole. Each of the steps outlined above provide participants with information and skills which go beyond formalized workshop settings. The mentoring process, for example, can take several months and include three to five on-site visits. Custom resources can be identified and shared with individual participants, based on their need and concerns.

Users who wish to replicate the eight-step process will find that the manual contains most of the basic elements needed. It is organized in this manner:

1. **USERS GUIDE**, including a project and author background and acknowledgements

2. **WORKSHOP ACTIVITIES**, a step-by-step set of objectives and training activities organized in four modules, one set for owners/operators of center-based care, the other for providers of home care.

3. TRAINER RESOURCES, consisting of background information and transparency originals for the workshop leader.

4. PARTICIPANT HANDOUTS, correlating to the workshop activities and ready for duplication.

5. OPTIONAL RESOURCES, useful during or after the workshop or for activities in lieu of the ones suggested.

6. EVALUATION INSTRUMENT, a five part, 60-item assessment for use in determining the quality of care in a center-based facility. (The evaluation instrument for providers of home care is not included. It must be purchased by the user.

7. LETTERS, FORMS, to be used at various stages of the eight-step process.

8. EVALUATIONS, CERTIFICATES, useful to obtain feedback and reward participants.

TRAINING

There are two separate sets of training materials: one for owners/operators of child care centers, the other set for family day care providers. The latter set of materials are distinguished by an "F"in the coding system.

The training material is organized so that it can be taught in small increments - one module at a time - or in some combination of modules depending on the number of training sessions scheduled by the leader. The total time needed to cover all the material properly is estimated at eight hours for both the center-based modules and the home care modules.

The workshop presenter should first read through the objectives and activities and decide how he/she wishes to proceed. Participants can then be notified where and when the modules will be taught. The next step is to prepare the transparencies and duplicate the handouts, using the coding system which correlates the materials to the activites.

It is recommended that, in addition to the visual resources and handouts, the following equipment and materials be secured when teaching the center-based modules:

- a chalkboard or a flip-chart
- a cassette tape player
- an overhead projector
- a selection of toys (for use with Module III)
- brochures from local support groups (for use with Module IV)

For the family day care modules, the following equipment is necessary:

- an overhead projector
- a VCR (if showing the videos recommended for these modules)

Should the workshop leader wish to involve the participants in reviewing their own philosophy and written policies, they should be asked to bring a copy with them when this topic is scheduled for center owners/operators.

Two separate workshop evaluation forms are available to provide feedback on the effectiveness of the training. There are also two certificates from which to choose.

OBSERVING

Participants can be scheduled to visit one or more 'model' centers who have already undergone the inclusion process. The visit should be at least three hours in length. An observation form, included in the manual, can help focus the participants while they observe.

A debriefing session with the owner/director of the centers immediately following the observation will provide the observer with an opportunity to ask questions and permit the owner to share daily experiences.

COACHING/MENTORING

The program leader can choose to use the **SKILLS PROFILE**, found in the training materials, as a springboard for providing technical assistance to those participating in the eight-step process. A separate **SKILLS INVENTORY FOR FAMILY DAY CARE GIVERS** is part of Module III.

On-site visits will provide opportunities to enhance individual skills and abilities and tour the facility. The leader should provide as much support as possible to each individual in the program.

EVALUATING

FOR CENTER-BASED PARTICIPANTS:

An instrument has been included to evaluate their program. Each of the center-based participants should be given a copy of the **EVALUATION INSTRUMENT**, along with the cover letter and an identification cover sheet. It is suggested that they involve the staff in evaluating their facility. Parents also may be asked to share their perceptions.

A second, independent evaluation is performed by the program leader or staff. The **EVALUATION INSTRUMENT** should be duplicated, along with the identification cover sheet.

Both sets of evaluations are completed by tallying the results on the summary charts. The evaluator should give each center an identification number.

FOR FAMILY DAY CARE PROVIDERS:

The **Harms-Clifford Family Day Care Rating Scale (FDCRS)** was selected to evaluate home care providers. This instrument contains several items related to care of childen with special needs. It is not included in the manual.

A similiar process can be used as noted above for center-based evaluation.

VALIDATING

This step is encouraged as a means of merging the results of the self-evaluation and the independent evaluation.

The program leader should invite five or six early childhood/special education professionals from the community to form an **AD HOC COMMITTEE**. This group reads and reviews the two sets of evaluations. Anonymity is maintained by coding the evaluations and removing the identification cover.

The Committee Recommendation form can be used to arrive at concensus on each center or it can be duplicated to allow each committee member to submit their own recommendation. Using these recommendations, the program leader decides if and when a particpating center should be certified. Indications of quality care should reach 80% or higher for final certification.

PUBLICIZING COMMITMENT

Each of the participants must decide how they wish to publicly acknowledge their inclusion policy. The final program evaluation form contains several options which can be encouraged by the program leader.

WORKSHOP TOPICS

Teaching time will vary with the instructor. Each Module takesapproximately **2 hours** to complete.

MODULE I THE PRINCIPLE OF INCLUSION

Key Issues for Decision-Makers

Identifying Attitudes and Beliefs

Understanding the Special Needs Child

MODULE II BECOMING A CHANGE-AGENT

Clarifying the Philosophy or "Mission"

Analyzing the Facility

Assessing Staff Strengths and Need

MODULE III MANAGEMENT AND PROGRAM PLANNING

Developing Policies and Procedures

Reviewing Program and Practices

Planning with Parents

MODULE IV SUPPORT SYSTEMS

Envisioning the Ideal

Identifying Community Resources

Meeting the Challenge

FDC WORKSHOP
TOPICS

Teaching time will vary with the instruction. Each of the modules take approximately 2 hours to complete.

MODULE I (F) UNDERSTANDING INCLUSION

Determining attitudes toward inclusion.

Identifying Issues and Concerns in Family Day Care

Understanding the Special Need Child

MODULE II (F) PREPARING THE HOME ENVIRONMENT

Planning Space and Accessibility

Assessing the Health and Safety of the FDC

MODULE III (F) PLANNING FOR SUCCESS

Managing Child Care Activities

Identifying Skills for the Family Day Care Giver

MODULE IV (F) WORKING WITH PARENTS AND COMMUNITY

Communicating With Parents

Identifying Support in the Community

MODULE I : UNDERSTANDING THE PRINCIPLE OF INCLUSION HOW DOES IT WORK?

Activity 1. IDENTIFYING KEY ISSUES FOR DECISION MAKERS

Activity 2. ANALYZING ATTITUDES AND BELIEFS

Activity 3. UNDERSTANDING SPECIAL NEED CHILDREN

ACTIVITY 1 IDENTIFYING KEY ISSUES FOR DECISION-MAKERS

OBJECTIVES

1. Identify the issues affecting inclusion
2. Analyze the ***AMERICANS WITH DISABILITIES ACT***

BACKGROUND

There are certain considerations one must address when committing to the principle of inclusion. To be an effective agent for change, decision makers must address critical variables in their center and provide leadership leading to a smooth, successful integration of handicapped and non-handicapped children. Legislation over the past 20 years has supported the principle of inclusion;l the implementation is constantly in flux, demanding increased knowledge of integration practices.

ESTIMATED TIME: 25 minutes

RESOURCES

I.R.1 Transparency: Issues and Questions
I.H.1 Mainstreaming Terms
I.H.2. Q & A Child Care Settings and the Americans with Disabilities Act

PROCEDURES

1. Show transparency Issues and Questions. Tell participants we will address each of these questions using a problem-solving approach.

2. Use the handout on Terms of Mainstreaming. Discuss the examples. Ask participants to think of other examples and non-examples from their own experiences.

3. Tell participants that the rights of children with handicaps have been defined in federal and state laws and the will look at the most recent one, the ***AMERICANS WITH DISABILITIES ACT***, to understand its impact on child care services.

4. Refer participants to the questions and answer handout. Review and discuss its implications.

Option: Play the audio tape. This cassette contains the same information as the written handout.

ACTIVITY 2: ANALYZING ATTITUDES AND BELIEFS ABOUT INCLUSION

OBJECTIVES:

1. Gain insights about one's own beliefs and attitudes.
2. Compare and contrast local beliefs with those from another State

BACKGROUND

Individual perceptions differ from person to person. The survey explores participant's present feelings on the subject of inclusion. To avoid a purely parochial outlook, research undertaken in Texas provides a base from which to analyze local attitudes.

ESTIMATED TIME: 30 minutes

RESOURCES

I.H.3	Surveying Attitudes
I.R.2	A Profile of Facilities Willing to Serve Children With Disabilities
I.R.3	Willingness to Serve Children Requiring Special Care
I.R.4	Profile of Centers Not Willing to Serve Children with Disabilities
I.R.5	Profile of Child Care Facilities in Lee County
I.R.6	Willing to Serve Children Requiring Special Care
I.R.7.	Barriers to Serving Children with Special Needs

PROCEDURES

1. Have each participant complete the Survey. Discuss how attitudes play a significant role when change is imminent.

2. Use the overhead projector to show Texas research on integrated child care options. Note significant findings. Compare and contrast these findings with the *VERY SPECIAL CHILD CARE SURVEY* sent to care facilities in Lee County.

ACTIVITY 3: UNDERSTANDING THE SPECIAL NEED CHILD

OBJECTIVE

1. Increase understanding of terms used to categorize special needs children.
2. Develope sensitivity to the handicapped child
3. Assess potential child care enrollees

BACKGROUND

Language and our perceptions play a significant role in understanding the message being sent to us.When someone comes to us and says, "I have a child who is not mobile and must use a wheelchair to get around", the listener may picture a child who is so handicapped they can only engage in limited activities. Yet, this child may be very bright, have developmentally appropriate language, and be quite sociable. If child care is to be integrated, providers must be sensitive to the developmental needs of children who are alike yet different.

ESTIMATED TIME: 1 hour

RESOURCES

I.H.4	Appropriate Language Use
I.R.8	Guide to Appropriate Language Use
I.H.5	Glossary of Terms
I.R.9	Audio Tape: Part I., A Handicapped Child
I.R.10	Paper Folding Procedure
I.R.11	Speech Impediments
I.H.6	Assessing Potential Child Care Enrollees
I.R.12	Guide to Answers on Three Case Studies

PROCEDURES

1. Break down into small groups of five or six each. Instruct each group to discuss the handout entitled "Appropriate Language Use"and follow the directions. Then discuss as a whole, arriving at consensus.

2. Refer participants to the Glossary for further understanding of handicapping conditions.

3 Write the word "moccasins" on the chalkboard. Ask participants if they know why you wrote this word. Recall the old Indian Adage: "You must walk a mile in my moccasins if you want to understand me."

4. Play the audio tape of the handicapped child. Discuss participants feelings and insights concerning this child.

5. Ask each participant to take out a plain piece of paper (8 x 11) and a pencil. Read the paper folding directions. Follow up by relating to the objectives and comparing the level of difficulty to tasks that we may ask children to perform, especially special need children.

6. Have four volunteers stand in front of the group and read one of the speech statements Discuss the listener's and speaker's feelings during communication.

7. Pair up and use the case studies to determine if these prototype special needs children (I.H.6) could be eligible for child care services. Use the resource to guide an open discussion on the three cases.

8 Tell participants they could use the Intake Form, which is very specific, to get as much information as possible about all the children in their center. This background can be used to plan developmentally appropriate activities for every child.

MODULE II: BECOMING A CHANGE-AGENT: WHAT ARE THE FIRST STEPS?

Activity 1. Clarifying the Philosophy or "Mission"

Activity 2. Analyzing the Facility

Activity 3. Assessing Staff Strengths and Needs

ACTIVITY 1. CLARIFYING THE PHILOSOPHY OR 'MISSION'

OBJECTIVES

1. To understand how our philosophy affects our policies.
2. To develop a philosophy based on the principle of inclusion

BACKGROUND

Everything we do in providing child care services revolves around our basic beliefs. These can be summarized in a statement which we call a philosophy. Child care owners and directors of centers should engage everyone - "from the janitor to the administrator" in a session called "The Philosophy of Inclusion of Children with Disabilities". The philosophy represents a "mission" statement, the ideal, which we can turn into reality.

To become a change agent, one must provide leadership. Leaders must first of all be well informed. Secondly, they must understand the strengths and weaknesses of their center. Third, they must be willing to direct the strengths and provide help to overcome the weaknesses.

ESTIMATED TIME: 30 minutes

RESOURCES

II.R.1 Decision-Making Process
II.H.1 Making Philosophical Choices
II.H.2 A Day Care Center Where Children with Special Needs are Welcomed

PROCEDURES

1. Display the transparency.Explain that every service delivery system has a philosophy which underlies all their policies. Have participants brainstorm changes in philosophy they know about for some of the service delivery systems shown. For example: schools and the philosophy of "separate but equal".

2. Tell participants the first step required to make changes is the development of a philosophy or "mission statement". Refer participants to the Center Policies Worksheet. Have participants from each center work together to complete the answers. Tell them to read about one center,which practices integration,as background for this.

3. Have participants share some of their ending statements and agree or disagree with the rationale provided in the handout. Suggest they arrange to have a staff meeting to involve everyone in developing a statement of philosophy.

ACTIVITY 2 ANALYZING THE FACILITY

OBJECTIVES

1. Analyze the Physican Plant
2. Determine if child care facility meets requirements

BACKGROUND

An appropriately designed environment is a critical element in providing quality child care. The environment must support learning and play opportunities for all children. It should promote independence and the development of diverse skills. ***The AMERICANS WITH DISABILITIES ACT*** defines the extent to which child care owners must provide equal access to the facility, using terms such as "reasonable accommodations" and "readily achievable" actions.

ESTIMATED TIME: 40 minutes

RESOURCES

II.H.3.	Public Policy Report
II.H.4	Making the Facility Assessible
II.R.2	Designing a Playground for All Children.
II.H.5	Adaptive Playgrounds for All Children
II.H.6	A Playground Survey

PROCEDURES

1. Refer participants to the ***PUBLIC POLICY REPORT***. Have them read and discuss each section briefly, emphasizing the main thought, and assess the implications for their center.

2. Tell them to look at the Accessibility handout. Note that the cost of these modifications is minimal.

3. Display the transparency on playground variables. Use the article to further enhance the concept of the adapted playground. Tell participants the survey can be given to staff and parents, requesting they complete it by keeping in mind the growth and development for ***ALL*** children.

ACTIVITY 3 ASSESSING STAFF STRENGTHS AND NEEDS

OBJECTIVE

1. To evaluate staff in terms of knowledge and skill in working with special needs children.
2. To analyze adult-child ratios as a determinant of quality care.

BACKGROUND

The process of including special needs children in child care must take into consideration those who work directly with children - the staff. They must become part of the "team". Their skills are essential and on-going training is recognized by the State as a requirement. One variable in the quality of care is the ratio of adult to child. Every state has a ratio requirement established by law. National standards are set by the National Association for the Education of Young Children. The cost of care can be dramatically increased by changes in ratio. Yet child advocates stress the importance of staff training and low adult-child ratios as quality control variables.

ESTIMATED TIME: 30 minutes

RESOURCES

II.H.7	Working with Staff
II.H.8	Staff Background
II.R.3	Florida Adult-Child Ratios
II.R.4	Florida Adult-Child Ratio - Handicapped Children
II.R.5	National Standards for Adult-Child Ratios Within Group Size
II.H.9	State-by-State Survey of Licensing Requirements

PROCEDURES

1. Refer participants to the Working with Staff handout. Have them work in teams to problem-solve each statement. Share solutions. **NOTE**: Training available through Child Care of South West Florida includes a module entitled ***MAINSTREAMING WORKS!***, developed by ***IMPACT***.

2. Tell participants that staff qualifications can be obtained by using the items on the staff background handout. Note that the information sought includes knowledge about handicapped children.

3. Use the ratio transparencies. Analyze the ratios and discuss interpretations. Compare State ratios.

MODULE III:

DEVELOPING LEADERSHIP: HOW DO I MANAGE AND PLAN ?

Activity 1. Developing Policies and Procedures

Activity 2. Reviewing Program and Practices

Activity 3. Planning with Parents

ACTIVITY 1: DEVELOPING POLICIES AND PROCEDURES

OBJECTIVES

1. To understand that new circumstances call for changes in policy and/or procedures.
2. To analyze sample policies.

BACKGROUND

Good leadership involves setting policies, knowing how to get commitment from staff, providing support. There are several reasons for having written policies. Among these reasons is to clarify operational details, another is to make these details available to parents. Well written policies can be handed to parents who are looking for quality care.

ESTIMATED TIME: 30 minutes

RESOURCES

III.R.1	Basic Leadership tasks
III.H.1	Written policies
III.H.2	IMPACT Child Care Policies & Procedures
☞	Local Child Care Policies and Procedures

PROCEDURES

1. Display the transparency. Discuss tasks as related to inclusion of special needs children in child care.

2. Refer participants to the checklist. Direct them to review their own policies and procedures and determine where changes should be made.

3. Use **IMPACT's** policies and procedures as a model for participants. Have them find examples of how the special need child is included.

4. Optional: Have participants review their own policies and begin revision.

III.A.2

ACTIVITY 2: REVIEWING PROGRAM AND PRACTICES

OBJECTIVES

1. Understand how to tailor programs to individual needs
2. Assess practices leading to adaptations/modifications

BACKGROUND

The use of developmentally appropriate practices is supported by the NAEYC as well as by state and local child advocates as a key to program quality for all children. Decision-makers who decide the type of program for their center should be informed about what constitutes a "developmentally appropriate" approach and how it can be incorporated into curriculum planning. The activities offered by the Center as well as the materials should facilitate skill development across a broad range of child differences, including those differences of the special need child.

ESTIMATED TIME: 45 minutes

RESOURCES

III.R.2	The Concept of Developmental Appropriateness
III.H.3	Developmentally Appropriate Planning
III.H.4	The ABC's of Play Materials for Social Interaction
III.H.5	Description of Social Interaction Play Materials
III.H.6	Description of Social Interaction Materials in My Program

☞ Selection of toys (e.g. Playdoh, puzzles, puppets, bean bags, floor Scooters, large blocks, balls, etc.)

☞ Optional Resources: *IMPACT* Children's Center, Playgroup/Preschool Schedule

☞ Differences in quality care and custodial care.

1. Write the words "age appropriateness" and "individual appropriateness" on the chalkboard or flip chart. Use the resource to explain the NAEYC definition of a developmentally appropriate curriculum.

2. Refer participants to the handout showing examples of how developmental appropriateness can be applied to daily activities. Have group identify the prerequisite skills needed for each level of the activity.

3. Refer to the ABC's handouts to explain the role of play materials as essential to promoting social interaction. (NOTE: social interaction develops naturally for many children; for physically and medically handicapped children, natural play activities foster social growth if appropriate modifications are made.)

4. Have participants work in groups and classify two or three of the materials available using the ABC format.

5. Optional: Use *IMPACT* Children's Center schedules to demonstrate a typical day in an integrated child care center. Note the *NAEYC* handout on the differences in quality versus custodial care. (Additional Resources)

ACTIVITY 3: PLANNING WITH PARENTS

OBJECTIVES

1. To increase understanding about special needs children and their parents.
2. To identify practical steps for including a special needs child in care environments
3. To assess parental roles and involvement

BACKGROUND

Parents have grave difficulty in locating quality care when they must find services for a handicapped child. Yet, more and more parents are working and a willingness to accept the special needs child requires child care providers to be open minded. Parents are our best source of information and support. In turn, the child care center can support parents by establishing a working partnership with them.

ESTIMATED TIME: 30 minutes

RESOURCES

III.H.7	Checklist: Including the Special Needs Child in Community Child Care ★ Audio Tape: Part 2 - Parent Viewpoint
III.H.8	Parent Communication and Involvement
III.R.3	Principles of Confidentiality
III.H.9	Release of Information Form

PROCEDURES

1. Read the following situation to the participants.Have them think about what they would do. Ecnourage interaction.

You are a child care or preschool center director. One day you receive a call from a parent of a child who has cerebral palsy. As a result of the cerebral palsy, the child cannot move about without the assistance of a wheelchair, is nonverbal but uses 20 signs, and is not potty trained. The parent says that a neighbor told her to call you because her child went to your center and she knew there was an opening.

2. Use the Checklist to compare what participants thought they should do.

3. Listen to the audio tape: A Parent's View. Discuss how parents might feel.

4. Have participants do the self-assessment handout. Add up score and compare with key.

5. Use the transparency on confidentiality. Refer participants to the release form they can use.

MODULE IV: SUPPORT SYSTEMS: WHAT HELPING RELATIONSHIPS EXISTS?

Activity 1. Envisioning the Ideal

Activity 2. Identifying Community Resources

Activity 3. Meeting the Challenge

ACTIVITY 1: ENVISIONING THE IDEAL

OBJECTIVES

To apply a decision-making approach to inclusion

BACKGROUND

A commitment to a set of beliefs grounded in knowledge is the basis for change. Child care decision-makers, once committed to serving both handicapped and non-handicapped children, must decide what is necessary for the process to take place successfully.

ESTIMATED TIME: 20 minutes

RESOURCES

IV.R.1 Vision-Based Decision-Making Model
IV.R.2 Incentives Which Would Encourage Services to Children With Disabilities (Texas)
IV.R.3 Incentives to Encourage Serving Children With Special Needs (Lee County)

PROCEDURES

1. Display the Vision transparency. Ask participants to share what their vision might be about serving ALL children. Discuss decision model as it relates to the process of including handicapped and non-handicapped in their center.

2. Use the survey transparencies. Compare the results. Discuss the availability of those specific incentives. Brainstorm if other incentives exist.

ACTIVITY 2: IDENTIFYING COMMUNITY & COMMERCIAL RESOURCES

OBJECTIVE

1. To become familiar with resources for special needs child care
2. To learn about funding sources and alternatives for adaptive equipment

BACKGROUND

As the process of inclusion take place, providers of child care need to know what is available in the community to support their decision. It is a good idea to start an information file containing lists of materials, adaptive equipment, programs and groups one can contact for inexpensive or low-cost support.

ESTIMATED TIME: 30 minutes

RESOURCES

IV.H.1 Books About Handicapped Children
IV.H.2 Handicapped Awareness
IV.H.3 Early Intervention Classroom List (Kaplan)
IV.R.4 Adaptive Equipment
IV.H.4 Adaptive Equipment Alternatives for the Child Care Setting
IV.H.5 Community Support Groups
☞ Homemade or commercially available Adaptive Equipment
☞ Brochures from Local Community Agencies and Groups
☞ Optional Resources: The Role of Volunteers
State of the Art Technology Available at FDLRS
Child Find Referral System

PROCEDURES

1. Tell participants that resources are available in the following areas to help sensitize the non-handicapped child to the needs of the handicapped child:

- Books, such as the sample on the handout

- Dolls, both ethnic and handicapped are available for use in the drama center.

- Puppet Shows, e.g. *HAL'S PALS*, or *KIDS ON THE BLOCK*. (Call *IMPACT* for information)

2. Refer to the Kaplan list as an example of commercially available materials that can be used with special needs children. Many of these items are already in your center.

3. Display the transparency on adaptive equipment. Use the handout as further background. Note some of the simple adaptations (home construction, temporary substitutes). If possible, have two or three homemade adaptations available for participants to see, or bring in examples of commercially available equipment.

4. Refer participants to the list of community groups. Each is unique in the type of support they can give, e.g. Volunteer Action Center: helps match people who wish to do volunteer work to agencies who request volunteers; LICC, a State of Florida project concerned with helping parents find quality services; FDLRS, assessment and diagnosis of children at risk. Distribute brochures, if available.

5. Optional: Refer participants to the handout defining the Role of Volunteers at IMPACT. Make them aware of the Florida Diagnostic and Learning Resources Service by referring to the handout of State of the Art Technology and the Child Find Referral System. (Additional Resources)

ACTIVITY 3: MEETING THE CHALLENGE

OBJECTIVES

1. To measure readiness to include children with disabilities in child care.
2. To learn about PROJECT A.C.C.E.P.T. as an "enabler" of integrated child care.

BACKGROUND

Providers willing to care for children with disabilities may have concerns about their skills and ability to care for children with unfamiliar needs. They can use an informal checklist to assess those skills they already have and those which need to be acquired. The checklist focuses on essential skills and does not cover every possible aspect of integrated child care. It should be seen as a guide to ongoing efforts to build the expertise needed.

PROJECT A.C.C.E.P.T. is the "enabler" in this on-going effort of integrating child care. The Project has been specifically funded to support child care owners and directors by providing information and on-site assistance.

ESTIMATED TIME: 45 minutes

RESOURCES

IV.H.6	A Skills Checklist for Providers of Integrated Child Care
IV.R.5	Steps to Successful Integration
IV.H.7	A Process for Including Handicapped and Non-Handicapped Children in Child Care Services

PROCEDURES

1. Share the Background with participants.

2. Refer participants to the Skills Checklist. Read the directions and have participants complete the checklist individually. Collect the entire checklist, with the Summary, for use in providing technical assistance. (OPTION: If time is a factor, ask participants to complete the checklist on their own and send it to you. Set a deadline)

3. Display the transparency. Tell participants they have already begun the process and that it will take several months to complete the remaining steps.

4. Have participants review the steps using the handout. They should make notes which respond to the questions following each step. Review and discuss their concerns.

MODULE I (F): UNDERSTANDING INCLUSION

Activity 1. DETERMINING ATTITUDES TOWARD INCLUSION

Activity 2. IDENTIFYING ISSUES AND CONCERNS IN FAMILY DAY CARE

Activity 3. UNDERSTANDING THE SPECIAL NEED CHILD

ACTIVITY 1 DETERMINING THE BENEFITS OF INCLUSION

OBJECTIVES

1. Gain insights about our beliefs and attitudes.
2. Identify family day care concerns

BACKGROUND

Every child is special. ***YOU*** are special. You are here to learn as much as possible about your responsibilites as a family day care provider. Together we will look at some of your concerns and explore some answers to help you provide quality care for ***ALL*** children.

ESTIMATED TIME: 25 minutes

RESOURCES

I.(f) H.1 FDC Provider Questionnaire
I.(f) R.1 Issues and Questions: Workshop Content

PROCEDURES

1. Welcome participants. Tell them we will start by answering the questionnaire in their packet.

2. Allow time for everyone to complete the questionnaire. Have the group share their answers and give a rationale for why they think or feel a particular way.

3. Show the transparency on what we hope to accomplish in the workshop and through their commitmemt to **PROJECT A.C.C.P.T.** Ask participants if they have other concerns at this time and tell them we will address individual needs as the Project progresses.

ACTIVITY 2 IDENTIFYING ISSUES AND CONCERNS IN FAMILY DAY CARE

OBJECTIVES

1. Analyze the **AMERICANS WITH DISABILITIES ACT**
2. Learn the advantages of inclusion

BACKGROUND

In 1992 the federal government passed a new law called the the **AMERICANS WITH DISABILITIES ACT**. It became effective in January of 1992. It has implications for those who provide child care service. But a law is only a law. As we try to understand it, we should also be aware that it is based on solid research across the nation. The research points to benefits for everyone when special need children are included in "*the mainstream*".

ESTIMATED TIME: 25 minutes

RESOURCES

I.(f) R.2 Understanding the **ADA** and **Child Care**
I.H.3 Q.& A. : Child Care Settings and the Americans with Disabilities Act
I.(f) R.3 Advantages of Having a Special Need Child in Your Family Day Care HomeDay
I.(f) H.3 The Advantages of Having Children with Special Needs in Your Family Day Care Home
I.(f) R.4 **FAMILY CHILD CARE: BUILDING A BRIGHT FUTURE** (Video Tape)

PROCEDURES

1. Show transparency highlighting the **A.D.A.** requirements. Refer participants to the Q. & A. handout. Allow time for participants to scan the handout, then discuss the implications for the **FDC** provider.

2. Show the transparency on inclusion advantages. Refer to the accompanying handout. Ask them if they have had any experiences already that fit any of the illustrations on the transparency.

3. Show the video tape (14 minutes) suggested. It gives an overview of **FDC**, including one child who has seizures. You can use any available audio-visual resource if you prefer. To obtain a copy of the above tape, write or call

Initiatives for Children Inc.
5433 Westheimer, Suite 620, Houston, TX 77056
Cost: $39.95

ACTIVITY 3 UNDERSTANDING THE SPECIAL NEED CHILD

OBJECTIVES

1. Develope basic knowledge concerning the child with special needs
2. Analyze profiles of children to determine changes/modifications needed to serve that child in the FDC.

BACKGROUND

In this activity we will learn more about children with special needs. At the same time, you will see that handicapped kids are much like other children, with the same needs for love and understanding. Profiles of children who may or may not need special attention will be used to help you think through any changes you may need in your home, should you decide to accept children like those in the profiles.

ESTIMATED TIME: One Hour

RESOURCES

I(F)R 5	Profile of Child A
I(f)R 6	Profile of Child B
I(f)R 7	Children Who Have Special Needs
I(f)H 4	Dick, Diedra, and Bobble
I(f)H 5	Profile of a Child Who may need Family Home Care
I(F)H 6	Alike and Different

PROCEDURES

1. Show the two transparencies profiling a hearing impaired child and a developmentally delayed child. (Cover the disability shown on the transparency). Tell participants that, if they have a working knowledge of the stages of early childhood development, they can apply this knowledge to the special need child to see if there is any delay or differences.

2. Have participants analyze the profile and decide if they can identify the type of child each represents. Explain that typical children may also be profiled like these two children, since children don't all develop the same.

3. Refer participants to the definition they just read in the O & A handout. Then show amd explain the categories of handicapped children defined by federal and state law.

4. Use the case studies of Dick, Diedra, and Bobbie, and the profile chart. Have participants interpret one child and draw their interpretation on the chart. Make sure all three children are profiled by two or more participants who may choose to work alone or together.

5. Discuss their interpretations. Ask participants if they would need to make any changes for this child if they accepted them into their care.

OPTIONAL: Make the blank profile charts on a transparency instead of a handout. Have participants display their results on the overhead projector as they explain their interpretations.

6. Have participants read the handout expressing the alike-differences of children.

MODULE II(F): PREPARING THE HOME ENVIRONMENT

Activity 1. PLANNING SPACE AND ACCESSIBILITY

Activity 2. ASSESSING THE HEALTH AND SAFETY OF THE FDC

ACTIVITY 1 PLANNING SPACE AND ACCESSIBILITY

OBJECTIVES

1. Arrange space to accommodate children with and without special needs
2. Understand the broad definition of the word "accessible"

BACKGROUND

Planning space and making it accessible to children with and without special needs is not a difficult or impossible job. In most cases, including children with disabilities in your home may mean only slight modifications, some as simple as moving a piece of furniture to another spot. The goal is to provide an environment that says to the child: "This place is just for you."

ESTIMATED TIME: 1 Hour

RESOURCES

II (f).R.1	Behavior, Causes, Changes
II.(f).R.2	Mary Caregiver
II.(f).H.1	Furniture Cut-Outs
II.(f) H.2	The Accessible Child Care Environment

☛ Paper, sizzors, paste or glue

PROCEDURES

1. Show the transparency. Cover the third column and brainstorm each of the problem behaviors. Then show the answers given.

2. Read the story about a typical caregiver. Tell participants to pretend they are Mary Caregiver.

3. Lay out a plan to accommodate the children in Mary's care, using the cut-outs. Share ideas when they are finished.

4. Write the word "accessible" on the chalkboard. Discuss both simple and complex definitions. The handout can be read aloud or individually. *NOTE: Emphasize that most of the time, modifications will be uncomplicated and easy to make, depending on the needs of the child.

ACTIVITY 2 ASSESSING THE HEALTH AND SAFETY OF THE FDC

OBJECTIVES

1. Become knowledgeable about how to make the home a safer and healthier place for children
2. Develop awareness of sick children and child care

BACKGROUND

Quality care starts with a safe, healthy environment. Parents expect that their children will not get hurt or ill while in your care. It is up to you, the caregiver, to see that your home is a safe place to be when busy children enter it. Group settings can promote the spread of disease among young children unless we take steps to keep the home as germ-free as possible. Some children may be susceptible to ill health and may need special consideration.

ESTIMATED TIME: 1 hour

RESOURCES

II.(f) H.3 Family Child Care Health and Safety Checklist*
II.(f) R.3 Family Child Care Health and Safety Video Tape*
II.(f) H.4 Plan of Action
II.(f) R.4 What Do I Do When...
II.(f) H.5 The Sick Child
> Additional Resources Medical Resources

PROCEDURES

1. Refer participants to the Checklist. Tell them to look it over, *TAKE IT HOME*, and use it to check out their own homes. They can do the sections in any order, but recommend they start where children spend most of their time.

2. Show the video tape (18 min, 20 sec.)

3. Tell participants to follow up their checklist findings with a Plan of Action. Tell them that there are health and safety items on the evaluation instrument used by ProjectA.C.C.E.P.T. to certify their home.

4. Distribute catalogs from the **PERFECTLY SAFE** company (**1-800-837-KIDS**), or some other company of your choice. Give the participants a few minutes to look it over and note items like cabinet latches, guards and gates, etc.

5. Show the transparency. Explain that sometimes healthy management may need an "extra" look when a child with a disability or medical condition seeks enrollment in their FDC.

6. Read (or have participants read) the story about Terry, the sick child. Discuss how they would handle Terry, if he was in their care. Refer participants to the Medical Resource.

*NOTE: The checklist is part of a larger booklet which can be obtained through **THE REDLEAF PRESS**, 450 Syndicate, Suite 5, St. Paul, MN 55104 (1-800-423-8309). The video tape can also be purchased at this address.

MODULE III(F): PLANNING FOR SUCCESS

Activity 1. MANAGING CHILD CARE ACTIVITIES

Activity 2. IDENTIFYING SKILLS FOR THE FAMILY DAY CARE GIVER

ACTIVITY 1 MANAGING CHILD CARE ACTIVITIES

OBJECTIVES

1. Identify basic concepts for quality care.
2. Apply one's knowledge to an individual child with special need.
3. Learn the importance of task-analysis

BACKGROUND

A toy can be used to develop more than one skill. A simple approach may lead to accomplishment for the child. The right activity at the right time may be just what is needed to encourage cooperation and interaction. Adapting to the daily requirements of each child in our **FDC** need not be overwhelming, especially when the caregiver understands and is sensitive to children's individual needs.

ESTIMATED TIME: 1 Hour

RESOURCES

III.(F) R.1	Quality Care for All Children
III.(F) R.2	Background Information
III.(F) R.3	Inch by Inch
III.(F) R.4	Inch by Inch Practice

☛ **TIPS** from Additional Resources
☛ Toys Made From Materials Around the House

PROCEDURES

1. Show the transparency and use the background information. To illustrate inclusion and the ideas on the transparency, read the story about Dean.

2 Ask participants what they learned about including a child like Dean in the **FDC.** (See "concepts" on the background sheet). Write these on the chalkboard.

2. Show the inch-worm transparency. Tell participants that for developmentally delayed children it is important to know how to break down skills into small steps.

3. Call on a volunteer to act as scribe and have the group sequence the task on the practice transparency. (Use water-based marker) Have them select another skill and repeat the task-analysis.

4. Tell participants there are additional resources in their packet to help them include special need children. Scan the **TIPS** if time permits or recommend that they keep these handy for future use.

ACTIVITY 2 IDENTIFYING SKILLS FOR THE FAMILY DAY CARE GIVER

OBJECTIVES

1. Identify skills needed to operate a successful **FDC**
2. Examine the skills needed for a successful activity

BACKGROUND

The skills you need to be a good caregiver go beyond playing games and feeding the children a nutritious lunch. All of us, at one time or another should assess what skills we possess and what skills we may still need to develop.
Skills for caregiving range from the logical, everyday type to those that require on-going training and education.

ESTIMATED TIME: 1 hour

RESOURCES

III(f).H. 1	Skills Inventory for Family Day Caregivers
III(f).H. 2	Who we are / Who we Serve

PROCEDURES

1. Give participants the **Skills Inventory**. Tell them we will use the results as part of the coaching assistance they will receive in **Project A.C.C.E.P.T.** Tell them we will be covering some of the skills as we continue the workshop.

2. Allow time for participants to complete the inventory.

3. Refer participants to the workshop activity. Tell them to answer the questions as best they can, using the information they have at this moment in time.

4. When they have completed the worksheet, discuss it, highlighting the skills participants used to bring about success.

MODULE IV(F): WORKING WITH PARENTS and COMMUNITY

Activity 1. COMMUNICATING WITH PARENTS

Activity 2. IDENTIFYING SUPPORT IN THE COMMUNITY

ACTIVITY 1 COMMUNICATING WITH PARENTS OF A SPECIAL NEED CHILD

OBJECTIVES

1. To learn techniques for gathering information from parents
2. To brainstorm ways to coordinate parent care/day care

BACKGROUND

Children with special needs **MAY** need extra time and energy from a caregiver. But, good information before enrollment and during care can help immensely. Do something for yourself! Start by getting as much information from the very best source: the parents. Remember also, to provide as much support to them as you can, since their feelings about themselves and their child may be different from those of parents of typical children.

ESTIMATED TIME: 1 Hour

RESOURCES

IV.(f) R.1 Getting Off to a Good Start
IV.(f) H.1 Do Something for Yourself
IV.(f) H.2 Intake Form
IV.(f) H.3 Expectations
IV.(f) R.2 Coordinating Home Care/Day Care
IV.(f) H.4 So What's New In Your House?

PROCEDURES

1. Start with the background information, then show the transparency.

2. Follow up on the transparency by referring participants to the interview questions they might want to use and to the intake form they can use to gather information about a special need child.

3. Refer to the parent/caregiver expectations. Have one person read the question, another the answer. Discuss why they think parents might ask themselves the questions on the bottom of the handout.

4. Show the transparency, one "I can" at a time, covering up the answers given. Tell participants we will brainstorm the "I can" and they can use their handout to write down the ideas generated. Uncover the prepared answers.

ACTIVITY 2 IDENTIFYING SUPPORT IN THE COMMUNITY

OBJECTIVES:

1. To become familiar with resources in the community
2. To learn about **PROJECT A.C.C.E.P.T.** as an enabler of integrated child care.

BACKGROUND

Many communities have a network of individuals and agencies which provide services to children with physical, developmental, or medical disabilities and their families. You have a unique opportunity to become a part of this network or team when you serve children with special needs. When you have questions or concerns, you will not be alone, nor without support.

ESTIMATED TIME: 1 Hour

RESOURCES

IV.(F) H.5 **IMPACT** Toy Library Catalog
IV.(F) H.6 **KIDS ON THE BLOCK** Program

- ☛ IV.H.5 Community Support Groups
- ☛ IV.R.5 Steps to Successful Integration
- ☛ IV.H.7 A Process for Including Handicapped and Non-Handicapped Children in Child Care Services
- ☛ Additional Resources: . The Foster Grandparent Program
  - . Child Find Referral System
  - . Integrated Child Care: Success Stories
  - . Florida FDC organization
- ☛ Harms-Clifford Family Day Care Rating Scale and Video Tape*

PROCEDURES

1. Refer participants to the support groups, professional, parent, and governmental. Take time to scan the additional resources listed above, including the success stories from providers.

2. Tell participants about the role IMPACT will play to help them integrate. Explain the specialized lending library and the awareness puppet program for children in their care.

3. Explain that the **Harms-Clifford** will be used to do the dual evaluation. Show the training video.

4. Review their commitment to **Project A.C.C.E.P.T.**, using the 'steps' transparency. Have participants respond to the handout on the Project process, making notes after each question. Respond to concerns or questions.

5. Ask participants to complete the workshop evaluation form. Distribute certificates.

*NOTE: The Harms-Clifford Family Day Care Rating Scale was chosen as the evaluation instrument based on a study of five instruments. The Harms-Clifford contains items related to the special need child and assesses **FDC** in a realistic manner. The Scale and the Training Video can be purchased from:

Teachers College Press 1-800-488-2665
P.O. Box 2032 Fax 802-878-1102
Colchester, VT 05449

Family Day Care Rating Scale	$8.95
Scoring Sheets (Pkg.30)	7.95
Video Observations for the FDC Rating Scale	$59.00
Video Guide & Training Workbk	4.00

TRAINER RESOURCES

* Transparency

MODULE I THE PRINCIPLE OF INCLUSION

I.R.1 Issues and Questions *

I.R.2 A Profile of Facilities Willing to Serve Children With Disabilities *

I.R.3 Willingness to Serve Children Requiring Special Care *

I.R.4 Profile of Centers Not Willing to Serve Children with Disabilities *

I.R.5 Profile of Child Care Facilities in Lee County *

I.R.6 Willing to Serve Children Requiring Special Care *

I.R.7 Barriers to Serving Children with Special Needs. *

I.R.8 Guide for Discussion on Appropriate Language Use

I.R.9 Audio-Tape
Part 1: A Handicapped Child
Part 2: Parent Viewpoint

I.R.10 Paper-folding Activity

I.R.11 Simulating Speech Impairments

I.R.12 Guide to Answers on Three Case Studies

MODULE II BECOMING A CHANGE-AGENT

II.R.1 Decision-Making Process *

II.R.2 Designing a Playground for All Children *

II.R.3 Florida Adult-Child Ratio *

II.R.4 Florida Adult-Child Ratio: Handicapped Children *

II.R.5 National Standards for Adult-Child Ratios Within Group Size

MODULE III DEVELOPING LEADERSHIP

III.R.1 Basic Leadership Tasks *

III.R.2 The Concept of Developmental Appropriateness

III.R.3 Principles of Confidentiality *

MODULE IV USING SUPPORT SYSTEMS

IV.R.1 Vision- Based Decision-Making Model *

IV.R 2. Incentives Which Would Encourage Services to Children With Disabilities (Texas) *

IV.R.3. Incentives to Encourage Serving Children With Special Needs (Lee County) *

IV.R.4 Adaptive Equipment *

IV.R.5 Steps to Successful Integration *

I.R.1

ISSUES → QUESTIONS

ISSUES	QUESTIONS
UNDERSTANDING THE PRINCIPLE OF INCLUSION	**HOW DOES IT WORK?**
Identifying Key Issues for Decision-makers	
Analyzing Attitudes and Beliefs	
Understanding The Special Need Child	
BECOMING A CHANGE AGENT	**WHAT ARE THE FIRST STEPS?**
Clarifying the Philosophy or "Mission"	
Analyzing the Facility	
Assessing Staff Strengths and Needs	
DEVELOPING LEADERSHIP	**WHAT MANAGEMENT AND PLANNING SKILLS ARE NEEDED?**
Developing Policies and Procedures	
Reviewing Program and Practices	
Planning with Parents	
USING SUPPORT SYSTEMS	**WHAT RESOURCES ARE AVAILABLE?**
Envisioning the Ideal	
Identifying Community Resources	
Meeting the Challenge	

A PROFILE OF FACILITIES WILLING TO SERVE CHILDREN WITH DISABILITIES

N = 454

CHILDREN WHO HAVE DIFFICULTIES WITH :	N	PERCENT
SPEECH	377	83.0
HEARING	371	81.7
MENTAL RETARDATION	369	81.3
UNDERSTANDING OTHERS *	366	80.6
ATTENTION	366	80.6
VISION	363	79.9
BEHAVIOR	359	79.1
MOBILITY	319	70.3

* RECEPTIVE LANGUAGE ABILITIES

Source: Planning Study on Integrated Child Care Options in Texas, Nov. 1990

WILLINGNESS OF CENTERS TO SERVE CHILDREN REQUIRING SPECIAL CARE

N = 454

	N	PERCENT
CHILDREN WHO ARE MEDICALLY FRAGILE	133	29.0
OLDER CHILDREN IN DIAPERS	132	29.0
CHILDREN REQUIRING SPECIAL MEDICAL EQUIPMENT SUCH AS RESPIRATORS, OXYGEN AND TRACHEOTOMY TUBES	87	19.0
CHILDREN REQUIRING TUBE FEEDING	55	12.0

Source: Planning Study on Integrated Child Care Options in Texas, Nov. 1990

Profile of Centers *NOT WILLING* to Serve Children with Disabilities

N = 132

BARRIERS	N	PERCENT
WOULD REQUIRE ADDITIONAL STAFF	106	80.0
DO NOT HAVE THE KNOWLEDGE OR TRAINING TO CARE FOR CHILDREN WITH HANDICAPS	98	74.0
COSTS TOO MUCH TO MAKE NEEDED CHANGES IN BUILDING	95	72.0
SPECIALIZED TRAINING FOR STAFF IS NOT AVAILABLE	77	58.0
LIABILITY INSURANCE WOULD BE A PROBLEM	73	55.0
DON'T GET REQUESTS OR REFERRALS TO CARE FOR CHILDREN WITH HANDICAPS	70	51.0
CARING FOR CHILDREN WITH HANDICAPS WOULD TAKE AWAY TIME AND ATTENTION FROM NON-DISABLED CHILDREN	53	40.0
PROGRAM PHILOSOPHY IS NOT GEARED FOR CHILDREN WITH DISABILITIES	40	30.0
PARENTS OF NON-DISABLED CHILDREN MIGHT NOT LIKE IT AND MIGHT WITHDRAW THEIR CHILDREN FROM THE PROGRAM	26	20.0
PROGRAM USUALLY FULL	24	18.0

Source: Planning Study on Integrated Child Care Options in Texas, Nov. 1990

Profile of Child Care Facilities in Lee County

n = 31

	YES	NO
Currently serving children with special needs?	17	15
Willing to serve children with special needs?	15	3
Have been asked to serve children with special needs?	14	12
Staff trained?	15	12

LEVEL OF TRAINING

In-service:	11
Courses in Special Ed:	5
Nursing Degree	3

A VERY "SPECIAL" CHILD CARE SURVEY
LEE COUNTY

Willing to Serve Children Requiring Special Care

n = 31

	Mild	Moderate	Severe
Vision	5	10	9
Developmental	3	14	8
Hearing	5	4	14
Speech	2	5	15
Receptive Language	5	11	7
Mobility	5	8	10
Attention	4	9	11
Behavior	6	8	9

Barriers to Serving Children with Special Needs

n = 31

Would Require Additional Staff	7
Specialized Training for Staff is Not Available	4
Specialized Training for Staff is Too Expensive	4
Don"t Get Requests or Referrals to Care for Special Needs Children	4

GUIDE FOR DISCUSSION ON APPROPRIATE LANGUAGE USE

STATEMENT

1. Inappropriate. Term used to describe the child - "Down Syndrome" - should be placed after the word child to keep the disability in a secondary position: "We have a child with Down Syndrome..." It is the *CHILD* who is important, not the syndrome.

2. Appropriate. Note that "the man" supercedes the condition.

3. Inappropriate. For the same reason as statement #1.

4. Inappropriate. Change the word "confined", which is a negative term, to "uses" or a word which fosters better understanding.

5. Inappropriate. The word "victim" has overtones of sadness, pity, total debilitation. Never use this word to describe a handicapped child.!

6. Appropriate. Notice the placement of the words. The group home is "for adults". A secondary consideration is that they are mentally handicapped. NOTE: an even more acceptable term today is that they are "mentally challenged". See how this term brings out the worth of the individual rather than the disabling side.

7. Appropriate. The child comes first. Her condition is only secondary to her own uniqueness as an individual.

8. Inappropriate. The term "crippled" should be changed to "physically handicapped" or "physically challenged". Crippled is a term which conjures up images of fear. It is completely outdated.

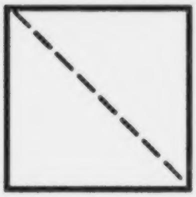
9. Appropriate. However, even the term "disabilities" reinforces our thinking that the disabled person is dependent, helpless, immobile, and so on. The term "special needs" is broader and more positive. Practically speaking, *EVERYONE* has some special needs, depending on our abilities or lack of them in certain situations.

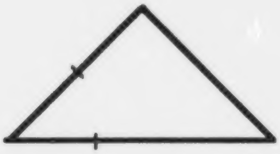
Can you identify a "special need" *YOU* have?

PAPER FOLDING ACTIVITY

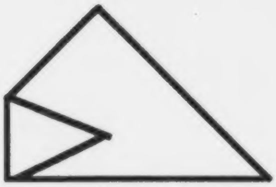
***DIRECTIONS*:: Read seriously and with a straight face. Begin slowly but pick up speed in talking. *NOTE*: Participants will be confused and ask for repetition of instruction. Repeat the instructions in an impatient manner: "Okay, but try and listen."**

Fold this square piece of paper in two along the diagonal. You now have a triangle - - (pause).

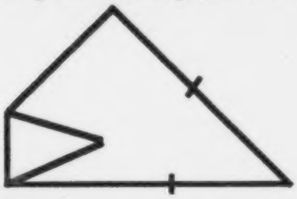




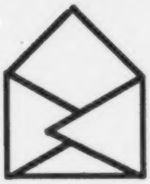
Mark a point on the diagonal at 1/3 of the distance starting from the left angle, and another at the middle of the triangle's left side.Fold the left angle along the line between the two points so that the left angle reaches towards the right side —(pause)



Now draw a point at the middle of the right side, draw another point at 1/3 of the diagonal, starting from the angle of the right, draw a line between those two points, and fold along the line you have just drawn —(pause)



In order to finish the cup, separate the two angles of paper at the top of the old triangle on each side of the cup. Open the cup.



SIMULATING SPEECH IMPAIRMENTS

DIRECTIONS: Cut the following statements apart. Volunteers should practice briefly before reading the statements aloud in front of the group.

Option: Glue/tape statements to an index card for permanency.

AVERAGE SPEAKER: A speech handicap is not a laughing matter, as it can be extremely embarrassing to the speaker. Even a mild disorder can cause a misunderstanding.

ARTICULATION DISORDER: A thpeech handicap ith not a laughing matta, ath it can be ekthtwemely embawatching to the thpeaka. Evan a mild dithawda can cauthe a mithundathtanding.

STUTTERING: a-a-a-a- sssspeech h-h-h-handicap is not a-a-a- l-l-l-laughing m-matter, a-a-a-a-s it c-c-c-an be, uh, you know, uh very emba-a-a—arassing to the-the sssspeacker. Eeeeeven a m-milkd dis-dis-disorder can cause a (cough, cough) mis-mis-mis misunderstanding.

LANGUAGE IMPAIRED: Trouble speech not funny. No laughing thing is. Talk feel, hurt, sad. Not know say words.

BEST COPY AVAILABLE

GUIDE TO ANSWERS ON THREE CASE STUDIES

CASE STUDY #1: STEVEN

Q.. What are Steven's strengths?
A. He can count to five, recognize two colors, knows what scissors are for, shares with his peers, is friendly, and initiates play. He has learned many words and can eat independently.

Q. In what areas does Steven show signs of atypical development?
A. He lacks balance and motor coordination, both fine and gross. He does not process directions well, and his expressive communication has not kept pace with his receptive communication.

Q. Can this child be successfully integrated? Explain.

CASE STUDY #2: JOSE, 30 MO.

Q. Why are ear infections, particularly frequent ones, of concern for a child's development?
A. Ear infections, especially if untreated, can result in significant hearing losses and speech/language delays. Also, a learning disability may occur when the child is school age.

Q. Would you accept Jose at your center? Why or why not?

Q. If you answered 'yes' to the above question, what could you do to enhance this child's development?
A. Speech and language activities should be carried out, preferably under the direction of a speech therapist. Jose can be paired with one of the more verbal children in the childcare center. This child can play games with Jose, speak clearly and repeat words for him.

CASE STUDY #3: SARAH, AGE 15 MO.

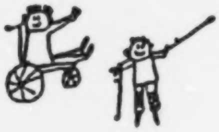
Q. To what prenatal risk factors was Sarah exposed?
A. Teen-age mother, cocaine use, low birth weight, untreated urinary tract infection.

Q. What resources are available to help you understand this type of child?
A. As for information from the County Public Health Office and HRS State Health Office. They have extensive information about children with substance exposure.

Q. Would you accept this child at your center? Why or why not?

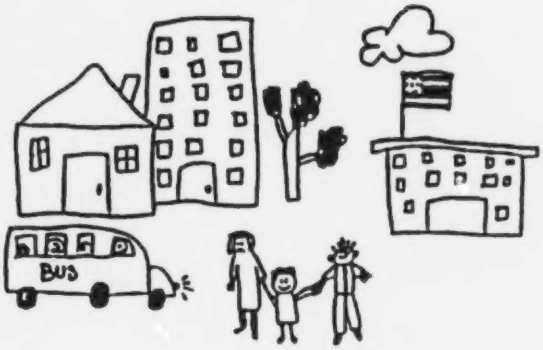
Service Delivery Models: Decision-Making Process

Child's Developmental Needs

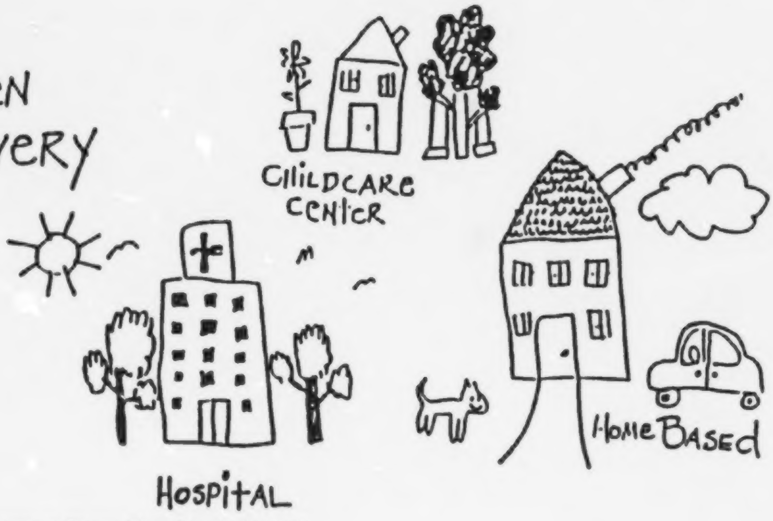


+

Family Needs



Family-chosen service delivery options.


Childcare Center
Hospital
Home Based

Service Delivery Team; Early Development Consulting, Inc. (adapted)

DESIGNING A PLAYGROUND FOR ALL CHILDREN

VARIABLES TO CONSIDER:

- ☐ **ENCOURAGE CHILDREN TO USE ALL OF THEIR SENSES**
- ☐ **ALLOW CHILDREN TO FEEL INDEPENDENT AND IMPROVE THEIR SELF-IMAGE BY INDIVIDUALLY MANIPULATING THE ENVIRONMENT.**
- ☐ **FOSTER COMMUNICATION AND SOCIAL CONTACT WITH OTHER CHILDREN**
- ☐ **ENRICH GROSS AND FINE MOTOR SKILLS BY PROVIDING A VARIETY OF ACTIVITIES THAT REQUIRE RESPONSES AT VARYING DEGREES OF DIFFICULTY**
- ☐ **PROVIDE A BROAD RANGE OF MEDIA TO HELP DEVELOP COGNITIVE SKILLS**
- ☐ **PROMOTE AN ATMOSPHERE FOSTERING RECREATIONAL AND CREATIVE PLAY**

Source: Raschke, et al. (1991) "Adaptive Playgrounds", *Teaching Exceptional Children*.

FLORIDA ADULT : CHILD RATIO

	OLD (1985)	NEW (10-1-92)
O - 1 YEAR OF AGE	1 : 6	1 : 4
1 YEAR OF AGE	1 : 8	1 : 6
2 YEARS OF AGE	1 : 12	1 : 11
3 YEARS OF AGE	1 : 15	1 : 15
4 YEARS OF AGE	1 : 20	1 : 20
5 YEARS & OLDER	1 : 25	1 : 25

Source: CS/SB 2342, State of Florida

FLORIDA ADULT:CHILD RATIO HANDICAPPED CHILDREN

UNDER	**2 YRS. OF AGE**	**1 : 4**
	2 YRS. OF AGE	**1 : 6**
	3 YRS. OF AGE	**1 : 8**
	4 YRS. OF AGE	**1 : 10**
	5 YRS. & OLDER	**1 : 14**

FLORIDA STATE STANDARDS

NATIONAL STANDARDS FOR ADULT-CHILD RATIOS WITHIN GROUP SIZE

	GROUP SIZE							
AGE OF CHILDREN	**6**	**8**	**10**	**12**	**14**	**16**	**18**	**20**
INFANTS (BIRTH-12 MO)		1:3	1:4					
TODDLERS (12-24 MO)		1:3	1:4	1:5	1:4			
TWO YR.OLDS		1:4	1:5	1:6**				
TWO & THREE YR. OLDS			1:5	1:6	1:7**			
THREE YEAR OLDS					1:7	1:8	1:9	1:10**

**SMALLER GROUP SIZES AND LOWER ADULT-CHILD RATIOS ARE OPTIMAL. LARGER GROUP SIZES AND HIGHER ADULT-CHILD RATIOS ARE ACCEPTABLE ONLY IN CASES WHERE STAFF ARE HIGHLY QUALIFIED.

Source: Accreditation Criteria. NAEYC. (1984)

BASIC LEADERSHIP TASKS

- ★ CLARIFY GOALS
- ★ SECURE COMMITMENT TO GOALS
- ★ DEVELOP CLEAR PLAN OF ACTION
- ★ COMMUNICATE PERFORMANCE STANDARDS
- ★ PROVIDE FEEDBACK TO INDIVIDUALS AND TO THE GROUP
- ★ PROVIDE COACHING AND SUPERVISION
- ★ PROVIDE A MODEL OF ENTHUSIASM AND A SENSE OF PURPOSE

**"LEADERS ARE PEOPLE WHO DO THE RIGHT THING:
MANAGERS ARE PEOPLE WHO DO THINGS RIGHT." (Bennis, 1984)**

THE CONCEPT OF DEVELOPMENTAL APPROPRIATENESS

NOTE: The following information is taken from the Position Statement of the National Association for the Education of Young Children. It is meant to be used as background for the presenter.

The concept of "developmental appropriateness has two dimensions: **AGE APPROPRIATENESS and INDIVIDUAL APPROPRIATENESS.**

AGE APPROPRIATENESS: Human development research indicates that they are universal, predictable sequences of growth and change that occur in children during the first 9 years of life. These predictable changes occur in all domains of development - physical, emotional, social, and cognitive. Knowledge of typical development of children within the age span served by the program provides a framework from which teachers prepare the learning environment and plan appropriate experiences.

INDIVIDUAL APPROPRIATENESS: Each child is a unique person with an individual pattern and timing of growth, as well as individual personality, learning style, and family background. Both the curriculum and adults' interactions with children should be responsive to individual differences. Learning in young children is the result of interaction between the child's thoughts and experiences with materials, ideas, and people. These experiences should match the child's developing abilities, while also challenging the child's interest and understanding.

Children's play is a primary vehicle for and indicator of their mental growth. Play enables children to progress along the devlopmental sequence from the sensorimotor intelligence of infancy to preoperational thought in the preschool years to the concrete operational thinking exhibited by primary children. In addition to its role in cognitive development, play also serves important functions in the children's physical, emotional, and social development. Therefore, child-initiated, child-directed, teacher -supported play is an essential component of developmentally appropriate practice.

Source: Bredekamp (Ed.), Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8.

PRINCIPLES OF CONFIDENTIALITY

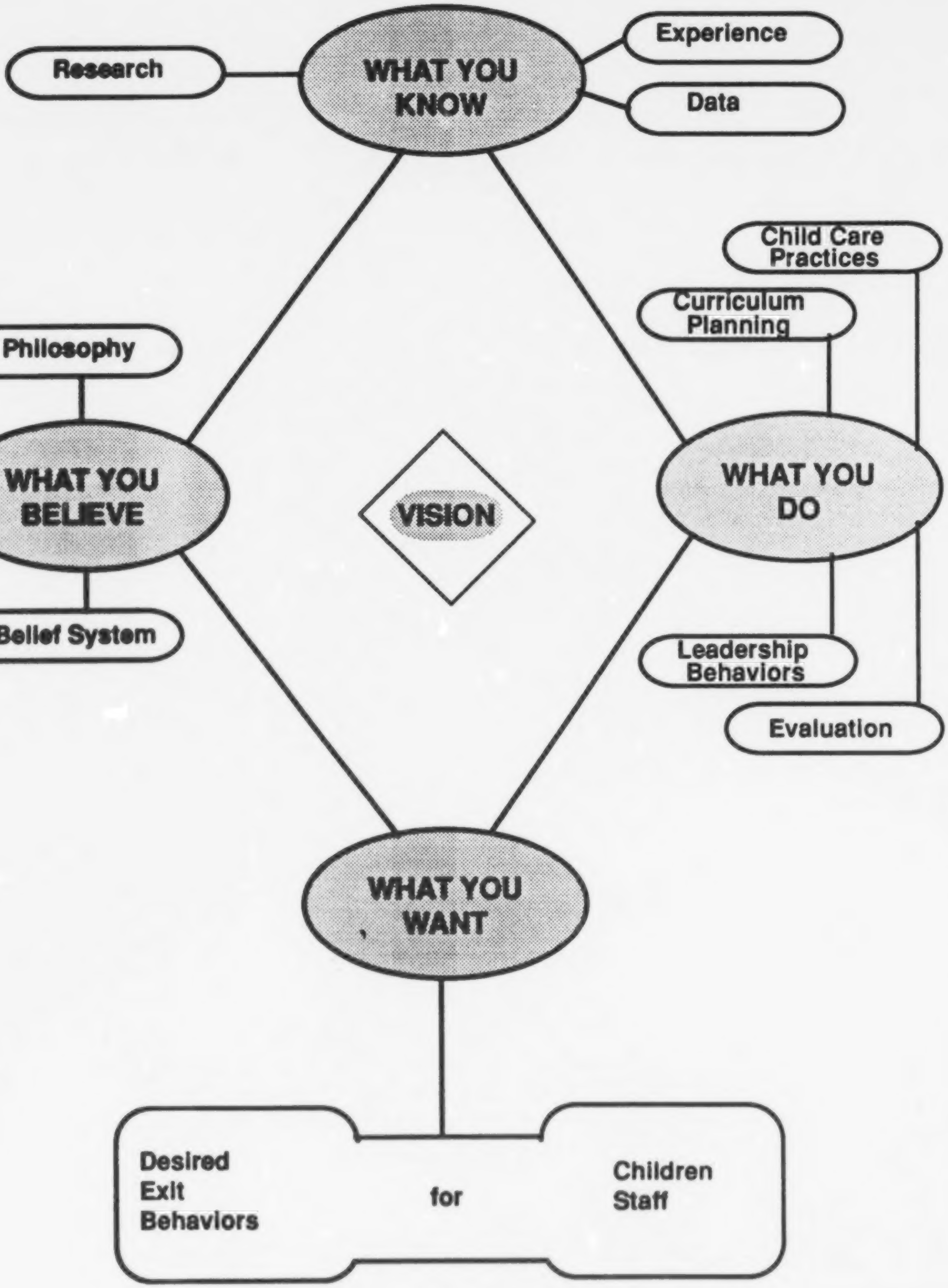
- WRITTEN PERMISSION FROM PARENT/GUARDIAN TO RELEASE INFORMATION, ONE AGENCY TO ANOTHER

- USE DISCRETION WHEN EXPLAINING SPECIAL NEEDS CHILD TO PARENTS OF OTHER CHILDREN

- DON"T TALK ABOUT A CHILD IN THAT CHILD'S PRESENCE OR IN THE PRESENCE OF OTHER CHILDREN

- KEEP RECORDS IN A LOCKED PLACE

- ESTABLISH POLICY ON WHO AUTHORIZED TO SEE WRITTEN RECORDS OF CHILD


Research
WHAT YOU KNOW
Experience
Data
Child Care Practices
Curriculum Planning
Philosophy
WHAT YOU BELIEVE
VISION
WHAT YOU DO
Belief System
Leadership Behaviors
Evaluation
WHAT YOU WANT
Desired Exit Behaviors
for
Children
Staff

INCENTIVES WHICH WOULD ENCOURAGE SERVICES TO CHILDREN WITH DISABILITIES

N = 495

	N	PERCENT
TRAINING AND WORKSHOPS	380	79.4
FUNDS TO COVER START UP	378	79.3
THERAPY SESSIONS PROVIDED FOR CHILDREN	360	76.7
NETWORK OR RESOURCE GROUPS OF PROVIDERS OFFERING SIMILAR SERVICES	351	72.8
ON-SITE TECHNICAL ASSISTANCE	330	68.5
A LIBRARY OR OTHER INFORMATIONAL RESOURCES ON DISABILITIES	325	67.4
PROGRAM PLANNING CONSULTATION	274	57.2
ADDITIONAL PAYMENT FOR SPECIFIC CHILDREN	166	35.2

Source: Planning Study on integrated Child Care Options in Texas, Nov. 1990

INCENTIVES TO ENCOURAGE SERVING CHILDREN WITH SPECIAL NEEDS

n = 31

TECHNICAL ASSISTANCE	27
START-UP FUNDS	26
STAFF TRAINING	22
ADDITIONAL FUNDS	20
NETWORK/RESOURCE GROUPS	17
THERAPY SESSIONS	17
PLANNING/CONSULTATION	10

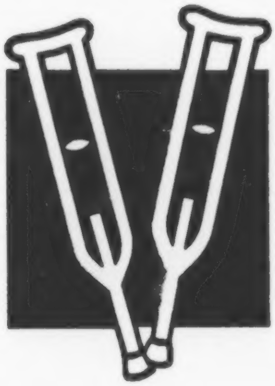
Source: A Very "Special" Child Care Survey, Project A.C.C.E.P.T.

ADAPTIVE EQUIPMENT

PRIMARY USES
- POSITIONING
- ACTIVITIES OF DAILY LIVING
- MOBILITY/TRANSPORTATION
- COMMUNICATION

FUNDING SOURCES
- PRIVATE INSURANCE
- MEDICAID
- GOVERNMENT-SPONSORED PROGRAMS
- CHARITABLE ORGANIZATIONS

OTHER SOURCES
- RENTING/BORROWING
- THERAPIST SHORT-TERM LOANS
- HOME CONSTRUCTION
- TEMPORARY SUBSTITUTES



IV.R.5

STEPS TO SUCCESSFUL INTEGRATION *

PUBLICIZE

VALIDATION

EVALUATION

ASSISTANCE

SELF-ANALYSIS

OBSERVATION

TRAINING

COMMITMENT

* ***PROJECT A.C.C.E.P.T***

FDC RESOURCES

MODULE I.(F)

R.1 Issues and Questions

R.2 Understanding the ADA and Child Care

R.3 Advantages of Having a Special Need Child in Your Family Day Care Home

R.4 Family Child Care: Building a Bright Future (Video Tape)

R.5 Profile of Child A

R.6 Profile of Child B

R.7 Children Who Have Special Needs

MODULE II.(F)

R.1 Behavior, Causes, Changes

R.2 Mary Caregiver

R.3 Family Child Care Health and Safety (Video Tape)

R.4 What Do I Do When...

MODULE III.(F)

R.1 Quality Care for All Children

R.2 Background Information

R.3 Inch by Inch

R.4 Inch by Inch Practice

MODULE IV.F)

R.1 Getting Off to a Good Start

R.2 Coordinating Home Care/Day Care

ISSUES	***QUESTIONS***
UNDERSTANDING INCLUSION	***WHAT DOES IT MEAN?*** • ATTITUDES • ISSUES • CHILDREN
PREPARING THE HOME ENVIRONMENT	***HOW DO I PLAN APPROPRIATELY?*** • ACCESSIBILITY • HEALTH & SAFETY
PLANNING FOR SUCCESS	***HOW DO I PROVIDE QUALITY CARE?*** • DAILY ACTIVITIES • CAREGIVER SKILLS
WORKING WITH PARENTS/COMMUNITY	***WHAT HELP IS AVAILABLE?*** • PARENT COMMUNICATION • COMMUNITY SUPPORT

UNDERSTANDING THE A.D.A.* AND CHILD CARE

- DEFINES THE CHILD WITH SPECIAL NEED
- PROTECTS RIGHT TO BE INCLUDED IN PUBLIC ACCOMMODATIONS
- REQUIRES CHANGES/MODIFICATIONS WHEN NECESSARY

EXAMPLES:

RE-WRITE POLICIES TO REFLECT NON-DISCRIMINATION

REMOVE ARCHITECTURAL BARRIERS

ADAPT THE CURRICULUM

- MUST MAKE "REASONABLE" MODIFICATIONS, WITHOUT "UNDUE BURDEN"

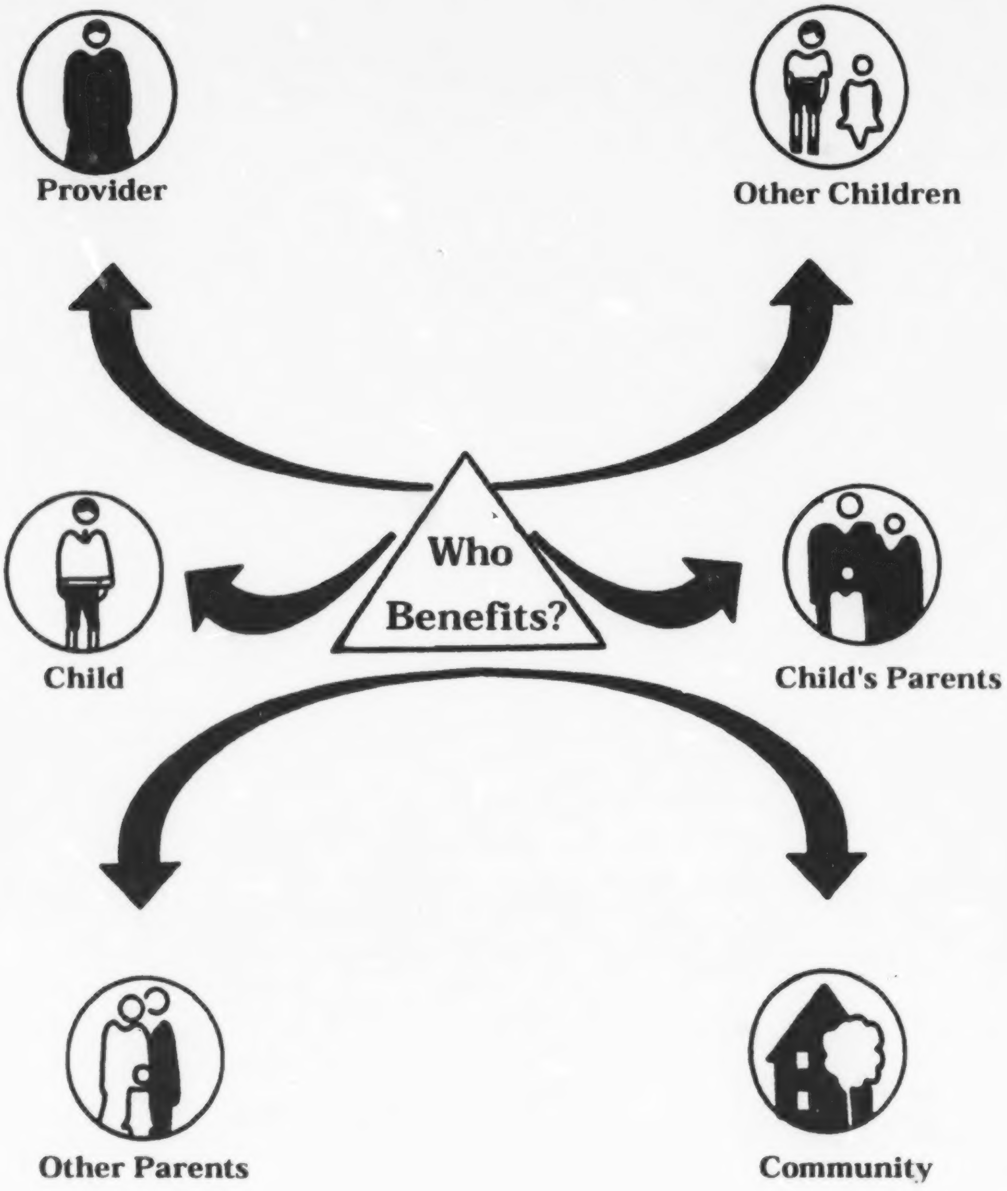
EXAMPLES:

MAKE AT LEAST ONE OF YOUR EXTERIOR ENTRANCES ACESSIBLE

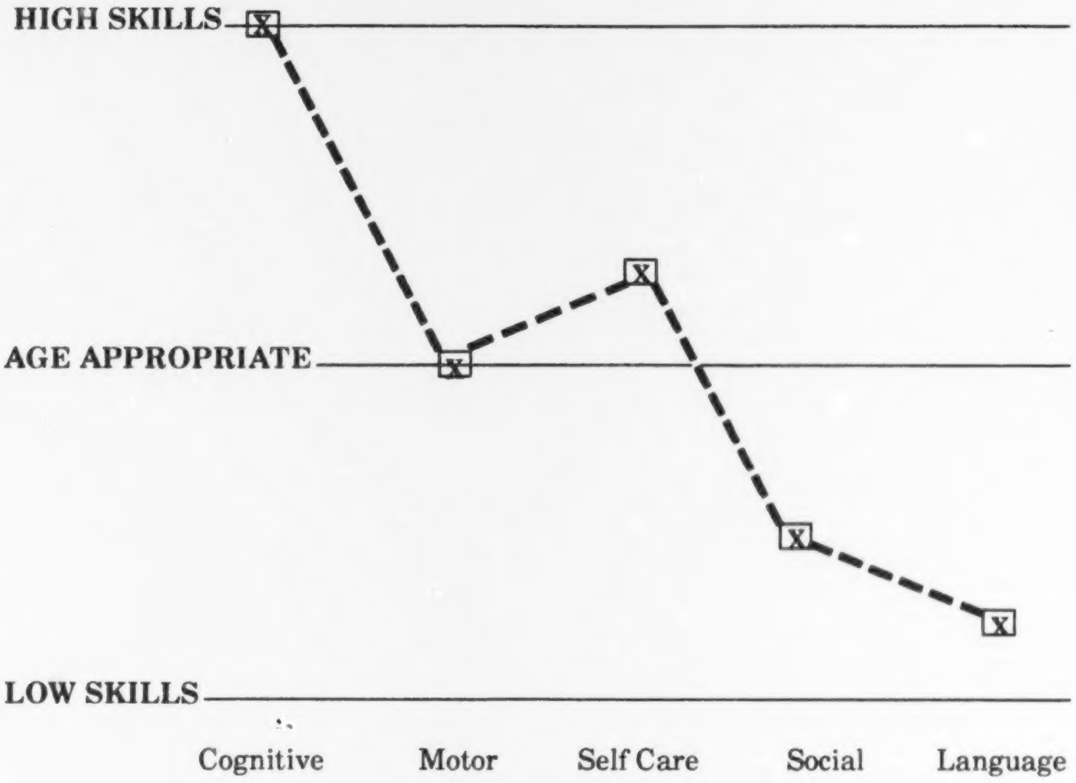
PROVIDE LARGE PRINT BOOKS FOR VISION IMPAIRED CHILD

***AMERICANS WITH DISABILITIES ACT: ENACTED, 1990**
THE PROVISION THAT APPLIES TO CHILD CARE PROGRAMS WAS IMPLE MENTED IN JANUARY, 1993.

THE ADVANTAGES OF HAVING A CHILD WITH SPECIAL NEEDS IN YOUR FAMILY DAY CARE HOME

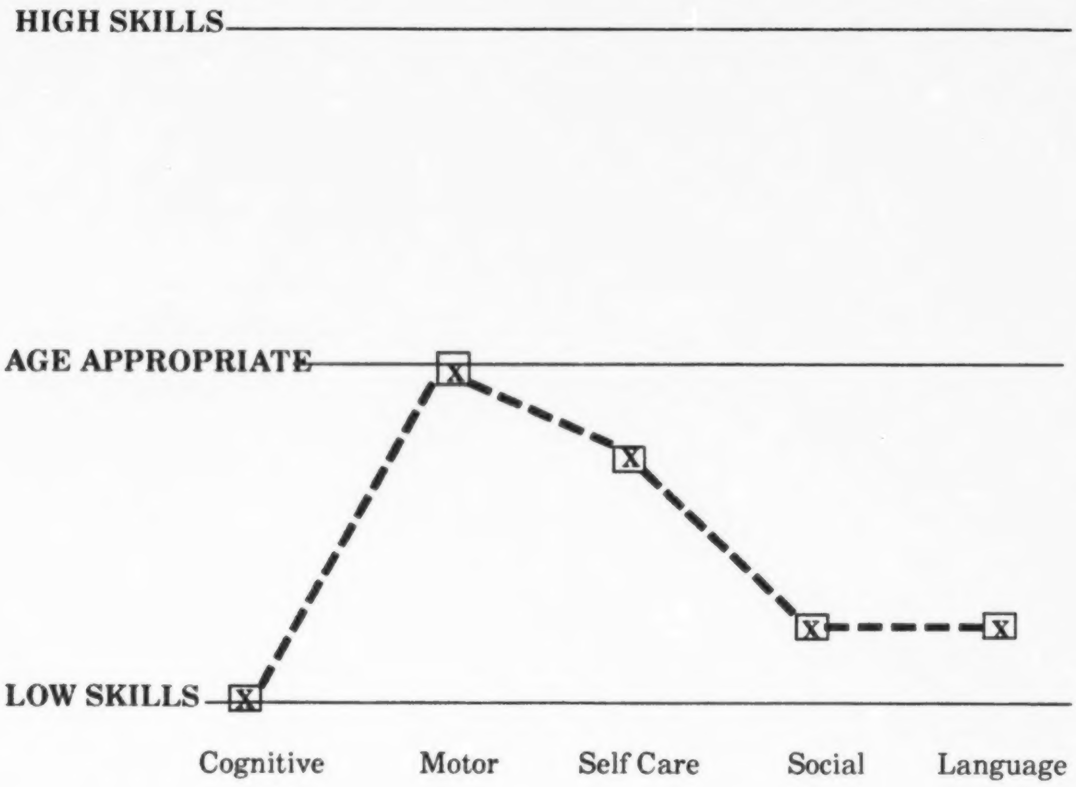

Provider
Other Children
Who Benefits?
Child
Child's Parents
Other Parents
Community

PROFILE OF CHILD A*



*HEARING IMPAIRED

PROFILE OF CHILD B*



*DEVELOPMENTALLY DELAYED

CHILDREN WHO HAVE SPECIAL NEEDS

DEVELOPMENTAL DISABILITIES

Mental Handicap (Retardation)

Autism

Cerebral Palsy

Multiple Handicaps

SENSORY DISABILITIES

Hearing Impairments

Vision Impairments

PHYSICAL DISABILITIES

Orthopedic Impairments

Health Impairments

LANGUAGE DISABILITIES

Speech Impairments

Language Disabilities

BEHAVIORAL/EMOTIONAL DISABILITIES

LEARNING DISABILITIES

AT RISK

PROFILE OF A CHILD WHO MAY NEED FDC

HIGH SKILLS____

AGE APPROPRIATE____

LOW SKILLS____

Cognitive Motor Self Care Social Language

BEHAVIOR	CAUSES	CHANGES
Children run around house in circle fight, act wild ,	Rooooms interconnected	Restructure space: Make one room "out-of-bounds" Move piece of furniture Have "energy release" space
Children have little interactions provider/each other	Provider too strict thinks home should look like "school"	Add pillows, comfy chairs, rugs, blankets Encourage cooperative play, language development
Handicapped children bump into furniture, seem frustrated	Provider unaware present arrangement needs restructuring	Move furniture, create pathways, adapt bathroom, lower toy shelves

*** WHEN CARING FOR CHILD WITH...**

EXAMPLE 1... BEHAVIOR DISORDERS, HYPERACTIVITY, "AT RISK" SYNDROME

EXAMPLE 2... INSECURITIES, LANGUAGE DELAYS, DEVELOPMENTAL DELAYS

EXAMPLE 3... PHYSICAL DISABILITIES, VISION IMPAIRMENT, DEVELOPMENTAL DELAYS

MARY CAREGIVER

Mary Caregiver uses her family room as the main play space for the children in her care. She set up the room with the kids in mind. She bought a child-sized table and chairs, added a rocking horse, cleaned out a bedroom closet to store toys.

But things aren't going as well as she wants. Jimmy and Danny are running all the time. Maria wears leg braces and is very clumsy. She often trips and can't seem to make her way around without scratching the furniture. It takes her a long time to get the toys she wants from the closet.

Billy comes in each day and sits in the middle of the room, making it difficult for everyone to get around him. He doesn't talk much and seldom plays with the other children. And then there is Emma, the baby, who is underfoot all the time.

When the kids are finally gone, Mary is very tired and she must clean up the mess left behind. Toys are scattered, puzzles are everywhere, chairs are moved about.

How can Mary make this a better place for kids? She is willing to move her furniture or make better use of it and arrange a better storage area for the children's toys. She also said it would be worth it to buy other equipment if it was necessary.

WHAT DO I DO......
WHEN......

A CHILD WITH MEDICAL PROBLEMS COMES TO MY FAMILY DAY CARE?

- HAVE AN EMERGENCY/MEDICAL POLICY
- ASK PARENTS IF THE POLICY REFLECTS THEIR EXPECTATIONS FOR THEIR CHILD'S NEEDS
- CHANGE THE POLICY TO FIT THE NEW SITUATION
- MAKE SURE ALL PROCEDURES ARE IN WRITING

EXAMPLE OF PARENT / CAREGIVER HEALTH EMERGENCY PROCEDURE:

EVENT: CHILD HAS SERIOUS SEIZURE

STEP 1: CALL 911

STEP 2: NOTIFY ONE OF THE PARENTS EACH TIME EVENT OCCURS

QUALITY CARE FOR ALL CHILDREN

PLAY.........

HELPS CHILDREN INTERACT WITH EACH OTHER

DEVELOPS MOTOR SKILLS

HELPS CHILDREN LEARN TO THINK

DEVELOPS LANGUAGE SKILLS

ACTIVITIES ....

SHOULD BE SIMPLE AND FLEXIBLE

BASED ON THE CHILD'S DEVELOPMENTAL LEVEL

PRESENT SEQUENTIALLY, BROKEN DOWN INTO SMALL STEPS

TOYS..........

TEACH MORE THAN ONE SKILL

ENCOURAGE COOPERATION

DEVELOP IMAGINATION, INTELLECTUAL GROWTH
CAN BE USED TO ENCOURAGE COOPERATION

BACKGROUND INFORMATION

TO THE PRESENTER: These notes were developed to be used in conjunction with the ***Quality Care for All Children*** transparency.

PLAY......

INTERACTION: sharing, relating to other people, role models for each other.

MOTOR SKILLS: fine - such as dropping, pulling, poking, pinching, cross - sitting, crawling, standing, walking, climbing

Explore space and find out what body can do in relation to the environment

THINK: make decisions, solve problems, learn independence and self-worth

LANGUAGE: imitating sounds, make new sounds, learn to speak by putting sounds together

ACTIVITIES.....

SIMPLE, FLEXIBLE: one or two at a time; guide child with special needs through the activity; be sensitive to moods, energy level, attentiveness.

DEVELOPMENTAL LEVEL: **age appropriateness** - predictible sequences of growth and change (typical)

individual appropriateness - each child unique, each has own individual pattern and timing of growth, some slower, some faster, some hindered by physical, emotional, intellectual problems.

SEQUENCING: moving from a simple activity to more difficult one; take steps one at a time.

TOYS....

MORE THAN ONE SKILL: a string, a cardboard box, spools - use to teach fine motor skills; color the spools, and teach color recognition; use spools to learn counting.

ENCOURAGE COOPERATION: some toys require help of another child - a wagon, a parachute; other toys more fun when several children involved - cooking, playing with dolls.

DEVELOP INTELLECTUAL GROWTH - Imagination, story-telling, understanding the environment, society, values, making decisions.

NOTE: Use the story of DEAN to illustrate and expand the above information.

DEAN

There were four other children in my FDC home when Dean began. At the time, Dean had delays in motor, speech, and social development. He was still at the stage of solitary play. His language was limited to gestures and sounds.

It seemed that the starting point was Dean's gross motor development. Without the ability to move about and interact with the other children, Dean would have little chance to use language or social skills.

I looked for items and activities that Dean liked. He was eager to play with balls and would spend a great deal of time throwing, kicking, rolling, and balancing them. By placing and throwing balls of various sizes onto different surfaces, Dean would participate in these activities. The other children could participate in this activity as well.

Dean also enjoyed listening to music. At first I prompted him to move his body to the music. Then, I encouraged him to hold hands and move along with the other children. At this point, other children in the group were beginning or had begun to initiate dancing with each other. In dancing with other children, Dean learned to accommodate to the movements of others, as well as his own. From this activity, Dean began to imitate the language and social interactions of the other children.

Six months after his arrival, Dean actively sought other children to play with. He also learned how to ask me to give him a ball and to assist him when he needed it.

SOME OF THE CONCEPTS YOU WANT FDC CAREGIVERS TO GET FROM THIS STORY ARE:

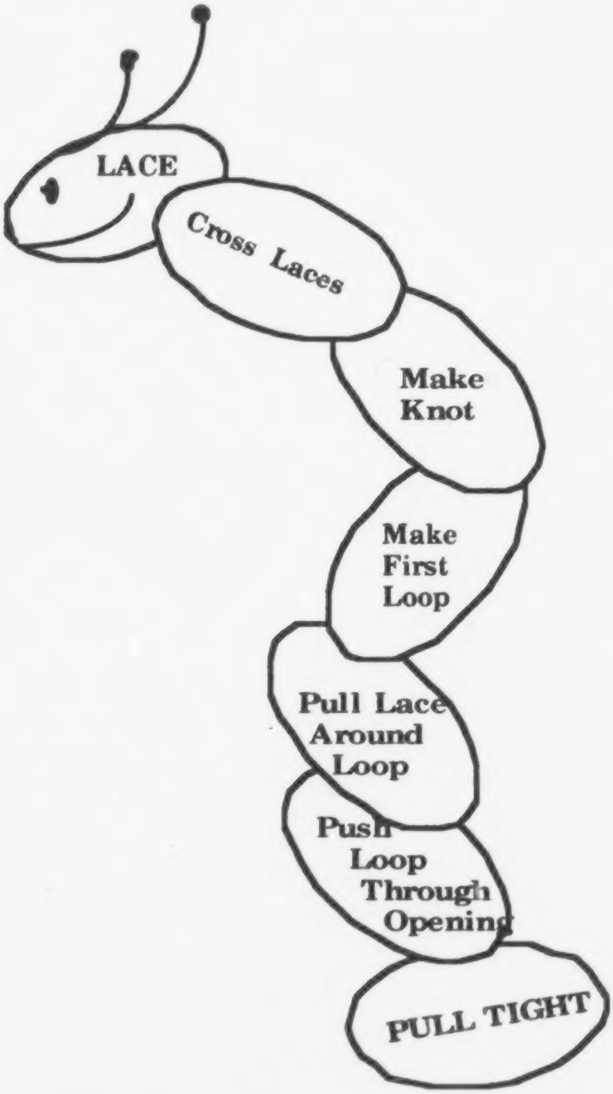
1. The developmental level of the child was used to plan activities.
2. Play was the vehicle used to help Dean improve his motor skills.
3. The caregiver started with something simple, then moved to more complex activities.
4. His language improved as he interracted with the children and the caregiver.
5. He was stimulated intellectually and socially by the cooperative play with toys he enjoyed.

INCH by INCH

TASK ANALYSIS:

DEFINITION: Breaking down a skill into small teachable steps; Putting the steps in the proper sequence for teaching.

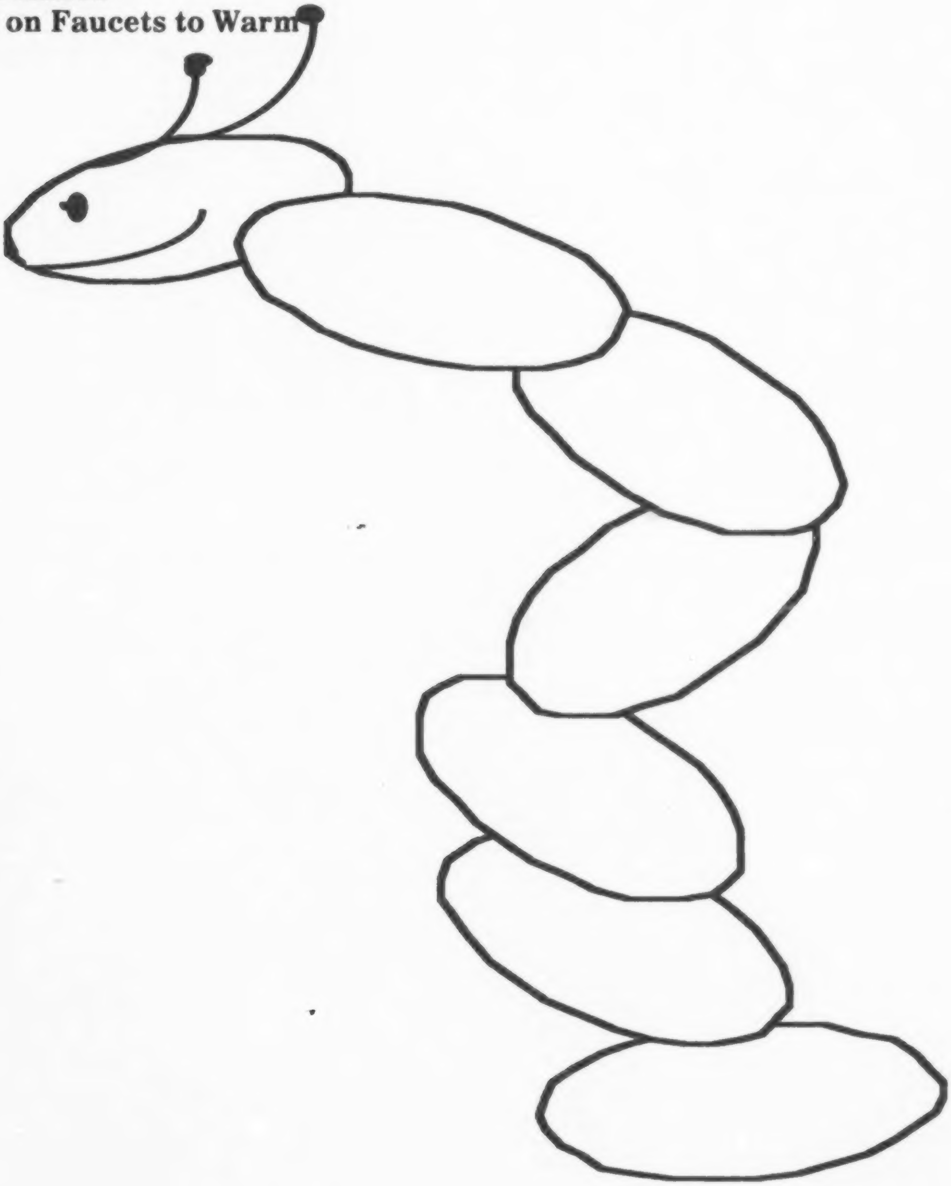
EXAMPLE: TYING a SHOE


LACE
Cross Laces
Make Knot
Make First Loop
Pull Lace Around Loop
Push Loop Through Opening
PULL TIGHT

INCH by INCH *PRACTICE*

TASK: Washes and Dries Hands

Turns off water
Soaps Hands
Puts soap in Soap Dish
Dries Hands
Rinses Hands
Turns on Faucets to Warm



GETTING OFF TO A GOOD START

BEFORE **YOU DECIDE TO TAKE A SPECIAL NEED CHILD.......**

- INTERVIEW THE PARENT AND THE CHILD IF OLD ENOUGH
- ASK THE PARENT(S) VERY SPECIFIC QUESTIONS TO HELP YOU UNDERSTAND THE NEEDS OF THE CHILD
- DISCUSS YOUR SERVICES, TYPE OF CARE YOU CAN PROVIDE
- GIVE PARENTS WRITTEN COPY OF YOUR POLICIES AND PROCEDURES (FEES, SCHEDULES, ETC.)
- ASK PARENTS TO COMPLETE AN INTAKE FORM

COORDINATING HOME CARE / DAY CARE

> IF YOUR CHILD HAS A NEW PET, I CAN ...

READ BOOKS ABOUT ANIMALS

TAKE A FIELD TRIP TO THE PET SHOP

TEACH YOUR CHILD ABOUT NICE WAYS TO TREAT ANIMALS

> IF YOUR CHILD IS GOING TO THE DOCTOR, I CAN ...

TALK ABOUT WHY WE GO TO THE DOCTOR

READ STORIES ABOUT CHILDREN VISITING THE DOCTOR'S OFFICE

BORROW A STETHOSCOPE AND PLAY "DOCTOR AND PATIENT"

> IF YOUR CHILD GETS A NEW PAIR OF SHOES, I CAN ...

WORK ON LEFT AND RIGHT

DO SORTING ACTIVITIES

TALK ABOUT COLORS

> IF YOUR FAMILY IS PLANNING A TRIP, I CAN...

TALK ABOUT THE PLACE YOU WILL BE VISITING

FIND PICTURES IN MAGAZINES OF VACATION SPOTS LIKE YOURS

TEACH YOUR CHILD QUIET GAMES TO PLAY DURING THE CAR RIDE

INCLUDING SPECIAL NEEDS CHILDREN IN CHILD CARE ENVIRONMENTS

Project A.C.C.E.P.T.

IMPACT INC.
6290 Corporate Court
Fort Myers, Fl 33919

HANDOUTS

MODULE I THE PRINCIPLE OF INCLUSION

I.H.1	Terms for Mainstreaming
I.H.2	Q & A Child Care Setting and the Americans with Disabilities Act
I.H.3	Surveying the Attitude of Child Care Decision Makers
I.H.4	Appropriate Language Use
I.H.5	Glossary of Terms
I.H.6	Assessing Potential Child Care Enrollees
I.H.7	Intake Information (Specific)

MODULE II BECOMING A CHANGE AGENT

II.H.1	Making Philosophical Choices
II.H.2	A Day Care Center Where Children With Special Needs are Welcomed
II.H.3	Public Policy Report (ADA)
II.H.4	Making Facility Accessible
II.H.5	Adaptive Playgrounds for All Children
II.H.6	A Playground Survey
II.H.7	Working with Staff
III.H.8	Staff Background
III.H.9	A State-by-State Survey of Licensing Requirements

MODULE III MANAGEMENT AND ADMINISTRATION

III.H.1 Written Policies

III.H.2 IMPACT Child Care Policies and Procedures

III.H.3 Developmentally Appropriate Planning

III.H.4 The ABC's of Play Materials for Social Integration

III.H.5 Description of Social Interaction Play Materials

III.H.6 Description of Social Interaction Materials In My Program

III.H.7 Checklist: Including the Special Needs Child in Community Child Care

III.H.8 Parent Communication and Involvement

III.H.9 Release of Information Form

MODULE IV SUPPORT SYSTEMS

IV.H.1 Books About Handicapped Children

IV.H.2 Handicapped Awareness

IV.H.3 Early Intervention Classroom List (Kaplan)

IV.H.4 Adaptive Equipment Alternatives for the Child Care Setting

IV.H.5 Community Support Groups

IV.H.6 A Skills Checklist for Providers of Integrated Child Care

IV.H.7 A Process for Including Handicapped and Non-Handicapped Children In Child Care Services

MAINSTREAMING TERMS

NORMALIZATION

☞ providing opportunities for persons with disabilities to live lives that are similar to those of nondisabled persons in their communities.

example: providing specialized support services in a neighborhood preschool called ***"Open Doors"***.
non-example: naming a preschool for children with disabilities ***"The Crippled Children's Center"***

example: talking to a person with a visual impairment the same way you talk to anyone.
non-example: talking very loudly to a person with a visual impairment.

example: rewarding children with disabilities with praise just as other children in a child care center are rewarded.
non-example: giving a child with disabilities an **M & M** as a reward, when other nondisabled children receive praise as a reward.

MAINSTREAMING

☞ assisting people with disabilities live, learn, and work in typical settings where they have the greatest opportunities.

example: providing special education services in the neighborhood school of each child with disabilities.
non-example: requiring children with disabilities to attend a school for only children with disabilities.

example: having a bowling league which includes people with and without disabilities.
non-example: opening a bowling alley on Thursday evenings to bowling leagues which include only people with mental handicaps.

example: three out of twenty children in a child care center have special needs.
non-example: a child care center which will not enroll a child with special needs.

INCLUSION

☞ mainstreaming children with disabilities in a way which assures their acceptance by other children and their participation in the activities of children without disabilities.

example: a child with disabilities is playing in the sandbox next to his nondisabled friends.
non-example: a child with disabilities is playing alone in the sandbox, which is friends play on the swings.

example: a child with a physical disability is provided assistance to hold a musical instrument during music
non-example: a child with a physical disability is not allowed to participate in music because he is unable to hold a musical instrument.

example: a day care provider learns sign language and helps nondisabled children learn sign language in order to talk to a child with a hearing impairment who attends her day care center.
non-example: adults and children of a day care center ignore a child with a hearing impairment because they do not know sign language or gestures familiar to the child.

❋ TERMS CHANGE OVER TIME DUE TO MISUNDERSTANDING, NEGATIVE CONNOTATIONS, OR NEED FOR MORE PRECISE COMMUNICATION OF MEANING. THE PREFERRED TERM NOW IN USE IS

INCLUSION.

The Q & A I.H.2

ARC
A national organization on mental retardation

CHILD CARE SETTING AND THE AMERICANS WITH DISABILITIES ACT.

What is the Americans with Disabilities Act (ADA)?

The ADA is civil rights legislation designed to protect people with mental or physical disabilities from discrimination based upon disability. Title III, generally effective as of January 26, 1992, prohibits discrimination on the basis of disability by public accommodations and commercial facilities to be designed, constructed and altered in compliance with the ADA Accessibility Guidelines. Public accommodations include a variety of business and organizations such as restaurants, hotels, retail establishments, hospitals and child care centers.

What is the definition of an individual with a disability under the ADA?

It is a child or adult who:

- Has a physical or mental impairment which substantially limits one or more of the "major life activities" such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- Has a record of such an impairment, or
- Is regarded as having an impairment.

What does the ADA mean for a child care center or family day care home?

The ADA affords children with mental or physical disabilities the opportunity to participate in all activities and opportunities of community life. Part of community life is the opportunity to benefit from being in a child care setting. Children can no longer be excluded from a child care setting on the basis of a disability.

Are there benefits to including children with disabilities in a child care center or family day home?

Yes. All children benefit when children with and without disabilities are served in the same child care centers. Children with disabilities learn important personal and social skills that they might not otherwise learn in segregated setting (Biklen, Corrrigen & Quick, 1989).

Children who do not have disabilities benefit by demonstrating improved self-concept growth in social cognition, increased tolerance of others and decreased fear of human differences (Peck, Donaldson & Pezzoli, 1990),

The Parents of the child with a disability also benefit from integrated child care centers by being able to choose from neighborhood child care services instead of having limited options.

Will Title III of ADA create changes in child care programs?

The ADA states that public accommodations, including child care centers, must make reasonable modifications in policies, practices, and procedures in order to accommodate individuals with disabilities. A modification is not required if it would "fundamentally alter" the goods or services of a child care setting. Architectural barriers and communication barriers that are structural in nature (such as stairs or permanent signage) which prevent access to services must be removed when "readily achievable." When barrier removal is not readily achievable, centers must make services available through alternative methods, if those methods are readily achievable.

Child care centers are required to provide "auxiliary aids and services" to ensure effective communication with children who have disabilities affecting hearing, vision, or speech, unless to do so would "fundamentally alter" the goods or services provided or would constitute and "undue burden."

Possible changes may include:

- Revision of policies and procedures
- Curriculum adaptations
- Removal of physical barriers
- Provision of additional staff training
- Alteration of staffing patterns
- Provision of certain adaptive equipment

Although the ADA may require some changes in the operation of child care programs, examination of existing integrated schools and programs indicated that "imposing mainstreamed services to children with disabilities in private preschool or day care settings did not pose unusual difficulties" (Bagnato, Kontos & Neisworth, 1987).

What do "readily achievable" and "undue burden" mean?

Architectural barriers must be removed is "readily achievable." The term "readily achievable" means easily accomplishable and able to be carried out without much difficulty or expense.

Auxiliary aids and services must be provided unless that creates an "undue burden." "Undue burden" means significant difficulty or expense. oth readily achievable and Undue burden" will be determined on the basis of the nature and cost of the action needed in light of the resources available to individual child care centers.

What are "auxiliary aids and services?"

Auxiliary aids and services include a wide range of services and devices for ensuring effective communication for children with a variety of disabilities. These include qualified interpreters, qualified readers and other effective methods, equipment, devices, and services needed for communication.

Child care centers are not required to provide individually prescribed personal devices such as hearing aids, prescription eyeglasses or other services of a personal nature.

What about safety concerns?

Child care centers may impost legitimate safety requirements only if they are necessary for the center's safe operation. Any safety requirements used must be based on actual risks and not on speculation, stereotypes or generalizations about children with disabilities.

Are any changes required in the transportation service a center provides to children?

The same requirements under Title III that apply to child care centers apply to the transportation service that is provided. Barriers to equal access and use of vehicles)s) by children with disabilities must be removed to the extent it is readily achievable to do so. It is not mandatory that centers retrofit existing vehicle(s) with hydraulic or other lifts. However, any vehicles added to the transportation service must adhere to the regulations issued by the Department of Transportation.

What resources are available to help child care centers accommodate children with disabilities?

The Arc and other organizations are developing materials and providing technical assistance to help public accommodations comply with the ADA. However, child care centers and others should not overlook the resources available in their own communities. These include:

- families
- therapist/specialists who already provide services to children with disabilities
- community mental retardation and disability-related agencies
- voluntary organizations which represent families and people with disabilities (such as The Arc) and professionals who advocate for or work with children with disabilities
- other community child care programs which currently include children with disabilities
- local/state/federal government supported programs for children with disabilities

The Arc operates a Family Support Project to assist families and organizations with information about community programs and supports including integrated child care programs. A free resource list on integrated child care setting is available by contacting the Family Support Project at the national headquarters of The Arc.

Since centers may incur additional costs in complying with the ADA,, what help is available?

The ADA does not provide funding for implementation. However, centers may be eligible for the Tax Deduction to Remove Architectural and Transportation Barriers to People with Disabilities and Elderly Individuals (Title 26, Internal Revenue Code, Section 190). Centers may also qualify for the Disabled Access Tax Credit available to eligible small businesses for certain access expenditures including barrier removal and the provision of auxiliary aids and services (Section 44).

Can any of the costs incurred be passed on to the families of children with disabilities?

No. Title III prohibits centers from imposing extra charges on individuals with disabilities to cover the costs of measures necessary to ensure non discriminatory treatment, such as removing barriers or providing qualifies interpreters. However, such costs can be passed on to all participants like any other overhead costs.

How can child care cents meet the needs of both children with disabilities and children without disabilities?

- Provide developmentally appropriate programs for all children;
- Engage in thoughtful planning to create a caring environment sensitive to the needs of all children;
- Initiate on-going training for staff on various topics including:
    - needs of children with disabilities
    - child health and safety
    - child growth and development
    - planning, learning activities, guidance and discipline
    - linkage with community services
    - communication with families

For additional information, contact:

The Arc
National Headquarters
500 E. Border St., S-300
P.O. Box 300649
Arlington, TX 76010
1-800-433-5525
1-800-855-1155 (TDD:ask
operator to call collect
817/277-0553

National Association for
the Education of Young
Children (NAEYC)
1834 Connecticut Ave., NW
Washington, D.C. 20009
1-800-424-2460
202/232-8777

Office on the ADA
Civil Rights Division
U.S.Department of Justice
P.O. Box 66738
Washington, D.C. 20035-9998
(202) 514-0301
(202) 514-0383 (TDD)
(202) 514-6193 (electronic
bulletin board)

Architectural and Transportation Barriers Compliance
Board (Access Board)
1331 F St. NW, S-1000
Washington, D.C. 20004-1111
1-800-USA-ABLE
(202) 653-7834 (voice
and TDD)

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Peck, C.A., Donaldson, J. & Pezzoli, M.(1990). Some benefits nonhandicapped adolescents perceive for themselves from their social relationships with peers who have handicaps. Journal of The Association for Persons with Severe Handicaps, 15(2),241-249.

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May 1992

SURVEYING THE ATTITUDES OF CHILD CARE DECISION MAKERS

DIRECTIONS: Circle your response to each question. Use the following scale:

1 = Strongly agree 2 = Agree 3 = Uncertain 4 = Disagree 5 = Strongly Disagree

1	2	3	4	5	1. Day care regulations require accepting children into regular day care programs at the parent's request.
1	2	3	4	5	2. Accepting special needs children requires changes in the policies which control the operation of my center.
1	2	3	4	5	3. I would want my own handicapped child in an integrated day care center.
1	2	3	4	5	4. Integrating handicapped children will create a need for a revised curriculum.
1	2	3	4	5	5. Handicapped children are more likely to be discipline problems in regular child care than non-handicapped children.
1	2	3	4	5	6. Separate child care centers should be established for severely handicapped children.
1	2	3	4	5	7. Adaptive equipment and materials must be purchased for teachers to use with special needs children.
1	2	3	4	5	8. It is not likely that handicapped and non-handicapped peer-mates could be friends in an integrated setting.
1	2	3	4	5	9. The handicapped child will feel inadequate in an integrated setting.
1	2	3	4	5	10. The presence of a handicapped child in my center will create stress among my child care workers.

1 2 3 4 5 11. Parents of non-handicapped children may feel uncomfortable sending their children to an integrated center.

1 2 3 4 5 12. It may cost more to operate a child care center for both handicapped and non-handicapped children.

1 2 3 4 5 13. It can be beneficial for the non-handicapped child to play with handicapped children.

1 2 3 4 5 14. The attitude of staff toward handicapped children is the most critical factor in successfully integration.

1 2 3 4 5 15. It is within my power to include special needs children in my child care center.

APPROPRIATE LANGUAGE USE

Instructions: Identify each of the following statements as "appropriate" or "inappropriate" language use. When the statements are inappropriate, rephrase them to make them appropriate. Give a rationale for making the change.

1. We have a Down Syndrome child attending our child care program.

2. A man with epilepsy delivers our mail.

3. The cerebral palsy child uses a computer to communicate.

4. My neighbor is confined to a wheelchair.

5. This child is a victim of spina bifida.

6. My church is starting a group home for adults with mental handicaps.

7. The little girl with spina bifida loves to play in the sandbox with her friends.

8. Yesterday we enrolled a four year old boy who is crippled.

9. Our child care center welcomes children with disabilities.

GLOSSARY OF TERMS

AUTISM: Neurolgical condition in which a child may have severe problems in communication and behavior. Children with autism are usually unable to relate to adults or other children in a normal manner.

CHARACTERISTICS may include -
- withdrawal from contact with others
- repetitive or aggressive behaviors
- abnormal response to sensations
- speech and language difficulties
- serious impairment in general intellectual functions

CEREBRAL PALSY: Injury to the brain which affects the control of movements. How severely the child is affected depends on how much damage has occurred in the brain and which muscles in the body have been affected.

CHARACTERISTICS may include -
- involuntary motion
- disturbed sense of balance and depth perception
- tense, stiff, contracted muscles
- speech impairment

COMMUNICATION DISORDERS: Speech and language impairment involving problems with speaking or understanding.

TYPES OF SPEECH IMPAIRMENTS include -
- Articulation disorder; speech production affected.
- Stuttering; flow and rhythm of speech interrupted.
- Voice disorders; involves loudness, pitch, quality.

TYPES OF LANGUAGE IMPAIRMENTS include -
- Receptive • Expressive

CYSTIC FIBROSIS: Inherited disease in which the mucous glands, including those in the lungs, secrete very sticky mucous resulting in digestion and breathing problems. Children having this condition have difficulty in the digestion of food, and may experience frequent episodes of pneumonia.

DEVELOPMENTAL DISABILITY: Conditions including mental handicap, cerebral palsy, autism, spina bifida and epilepsy which affect the normal development of a child.

DOWN SYNDROME: Genetic disorder which occurs before birth resulting from improper chromosomal division.

CHARACTERISTICS may include -
- flattened facial features
- fold at inner corners of eyelids
- short neck
- small head
- speech delays
- mental delays

EMOTIONAL DISTURBANCES: An abrupt break, slowing down or postponement in developing and maintaining meaningful relationships with other persons, and/or in developing a positive and true sense of self.

CHARACTERISTICS may include -
- withdrawn behavior; interests limited, sucking, rocking, self-stimulating
- anxious behavior; worried, cannot concentrate
- aggressive behavior; angry outbursts, hitting, biting, screaming
- hyperactive behavior; constant movement, overly excited, mood swings

EPILEPSY: Sudden temporary excess of energy in the brain which interrupts (short circuits) normal activity and results in a seizure.

TYPES OF EPILEPTIC SEIZURES include -
- Petit Mal; short, blank spells, loss of awareness, staring
- Grand Mal; loss of consciousness, stiffening, irregular breathing, longer lasting
- Psychomotor; mental confusion followed by pointless, repetitive movement, pain, dizziness.

HEARING IMPAIRED: A child is said to have a hearing disability if he is hard of hearing or deaf.

HARD OF HEARING: can function with the help of a hearing aid. Background noises may interfere with processing information.

DEAF: cannot use sense of hearing for everyday situations, even with a hearing aid. Must rely on other senses to interpret environment.

LEARNING DISABILITY: Problem with understanding and using written or spoken language. These children have normal to above average intelligence, but may process information differently. Children under age five are rarely diagnosed with learning disabilities.

CHARACTERISTICS may include:
- frustration
- poor self image
- emotional problems
- lack of coordination
- perceptual problems

MENTAL HANDICAP: An overall slowness in cognitive development and intellectual ability.

LEVELS OF DISABILITY -
- Mild; slower to grasp concepts
- Moderate; delayed speech, development about half that of child same age
- Severe or profound; problems in daily care, movement, feeding

SPINA BIFIDA: A physical disability which occurs at birth when a sac of nerve tissues are exposed around the spinal cord which must be severed in order for the child to survive. The child usually develops paralysis corresponding to the nerves that were cut (ranging from the neck down to the pelvis).

CHARACTERISTICS include -
- weak muscles
- partial or whole paralyzation of the legs
- limited bladder control
- possible seizures
- motor difficulties in arms and hands
- good cognitive abilities

VISUAL IMPAIRMENT: May be either partially sighted or blind. If partially sighted, some correction may be possible, but child may need to use other senses to interpret the environment.

ASSESSING POTENTIAL CHILD CARE ENROLLEES

CASE STUDY 1: STEVEN, AGE 3 1/2

Steven has been attending the Open Door Child Care Center for about a month. The teacher has noted that he is having some difficulties: He often falls when trying to run and seems off-balance some of the time. He is able to string beads and use a scissors in a chopping manner. He has difficulty listening during study time and cannot seem to carry out more than a two-step direction. He can count to five and knows the colors 'red' and 'blue'. Steven is very willing to share his toys, is friendly towards other children and starts play activities with them. He has a large vocabulary but tends to use relatively simple sentences for communication. Steven rarely needs assistance during snack time.

Q. WHAT ARE STEVEN'S STRENGTHS?

Q. IN WHAT AREAS DOES STEVEN SHOW SIGNS OF ATYPICAL DEVELOPMENT?

Q. CAN THIS CHILD BE SUCCESSFULLY INTEGRATED? EXPLAIN

CASE #2: JOSE, 30 MO.

Jose lives with his parents and older brother. Both parents work. Like most toddlers, Jose is active in his environment and happy when he is with responsive adults. Jose had frequent ear infections - nine in his first year. He has been tested twice for fluid in his ears. His father reported that Jose had a vocabulary of about 100 words but only four words could be understood. His mother took him to Child Find for testing. His chronological age was 2.5 years. He scored 1.6 years in communication, 1.10 in daily living skills, 1.6 in social skills and 2.5 in motor abilities.

Q. WHY ARE EAR INFECTIONS, PARTICULARLY FREQUENT ONES, OF CONCERN FOR A CHILD'S DEVELOPMENT?

Q. WOULD YOU ACCEPT JOSE AT YOUR CHILD CARE CENTER? WHY OR WHY NOT?

Q. IF YOU ANSWERED 'YES' TO THE ABOVE QUESTION, WHAT COULD YOU DO TO ENHANCE THIS CHILD'S DEVELOPMENT?

CASE STUDY #3: SARAH, AGE 15 MO.

When Sarah was born, she only weighed five pounds. Sarah's mother was only 16 years old when Sarah was born. She was a cocaine user. In the fifth month of pregnancy she developed a urinary tract infection. At twelve months of age, a developmental evaluation was done indicating Sarah had a five-to-six month delay in fine and gross motor skills. She is not walking yet, but holds onto a table to get around. She has difficulty drinking from a cup. Sarah is unable to stack one or two large objects or to release small objects into a container. She has a strong grasp and seems quite social, but is easily frustrated.

Q. TO WHAT PRENATAL RISK FACTORS WAS SARAH EXPOSED?

Q. WHAT RESOURCES ARE AVAILABLE TO HELP YOU UNDERSTAND CHILDREN WITH SUBSTANCE EXPOSURE?

Q. WOULD YOU ACCEPT THIS CHILD AT YOUR CENTER? WHY OR WHY NOT?

Intake Information (Specific)

NAME ______________________ DOB __________ AGE ________

ADDRESS ____

PARENTS ______________________ DATE ________________

ADDRESS ______________________ TELEPHONE ____________

EATING

________ Must be fed - baby or junior foods
________ Must be fed - table food
________ (Does) (Does not) hold bottle alone
________ Drinks from cup or glass (with) (without) assistance
________ Eats finger foods
________ Learning to use spoon - needs (much) (little) assistance
________ Uses spoon well alone
________ Uses spoon and fork well but not knife
________ Completely self-sufficient at table
________ On special diet (explain) ______________________
________ Other (explain) ______________________________
________ Has difficulty (swallowing) (chewing)
________ Uses food to manipulate parents (explain) ______________

TOILETING

________ Toilet training not yet attempted
________ Currently working on training
________ Child indicates need, must be assisted
________ Needs no assistance but must be reminded
________ Has accidents (daily) (weekly) (monthly or less) (in strange surroundings) (when upset or excited)
________ Has accidents only at night (indicate frequency above)
________ Completely self-sufficient in toileting
________ Uses toileting, bed wetting, etc., for attention
________ Other (explain) ______________________________

MOBILITY

IF CHILD WEARS A PROSTHESIS OF ANY KIND, INDICATE ABILITIES USING IT (U), AND NOT USING (N)

________ Makes no attempt to move
________ (Does) (Does not) (Tries to) roll over
________ Moves about on floor by (rolling) (scooting) (crawling) (other)
________ Pulls self up to standing
________ Stands with assistance (hand, chair, etc.)
________ Stands alone

Intake Form (continued) I.H.7 (2)

________ Takes at least 2 steps with assistance (hand, chair, etc.)
________ Walks alone across room or farther
________ Stumbles frequently or walks into furniture, doors, etc.
________ Walks alone with poor balance, does not fall
________ Walks alone at least 100 feet - movements and balance unimpaired
________ Walks (up) (down) stairs alone or using banister
________ Crawls or scoots (up) (down) stairs
________ Other (explain) ________________________________

COMMUNICATION

________ Smiles, laughs
________ Makes random vocalizations
________ Imitates sounds
________ Follows simple directions ("Come here," "No," "Look," etc.)
________ Uses name of familiar objects/persons (ball, Daddy, cookie etc.)
________ Talks in 2-3 work sentences
________ Talks in longer sentences
________ Relates experiences
________ Carries on conversation
________ Uses words but does not understand their meaning
________ Can speak but refuses to do so
________ Indicates needs by crying, grunting, etc.
________ Indicates needs by pointing
________ Indicates needs by leading parent etc. to door, refrigerator etc.
________ Speech is difficult for family to understand
________ Speech is difficult for strangers to understand
________ Speech is understood by strangers after 5-10 minutes
________ Speech is readily understood by strangers, but therapy is recommended (explain) ________________________________
________ Speech quality unimpaired
________ Other (explain) ________________________________

HEALTH PROBLEMS

________ None present
________ Hyperactivity
________ Frequent upper respiratory infections
________ Impaired vision (explain)
________ Impaired hearing (explain)
________ Seizures (explain types; frequency; aura, if any; date of onset; cause, if known; complications, even if seizures now controlled
____
________ Hydrocephalus (arrested? How?) ________________________________
________ Heart defect (explain) ________________________________
________ Color blindness
________ Drooling
________ (Does) (Does not) care for self during period

_________ Orthopedic difficulties (explain - is surgery anticipated? When? Describe any orthopedic appliances required or recommended. Give dates and types of past orthopedic treatment) _________

_________ Dental problems (explain) _________
_________ Allergies (list) _________
_________ List all serious illnesses (if necessary or recent enough to concern sitter) _________
_________ Limbs missing _________
_________ Metabolic disorders (explain) _________
_________ Neurological impairment (explain) _________
_________ List all medications currently given or prescribed, including dosages and purposes _________
_________ High tolerance to pain
_________ Other (explain) _________

SOCIALIZATION

_________ Reaches for familiar persons
_________ Enjoys being held and played with
_________ Plays with or alongside other children
_________ Shies away from strangers
_________ Plays cooperatively with other children
_________ Deliberately abuses/antagonizes other children (explain-how often) _________
_________ Refuses to obey parents or others in authority
_________ Deliberately abuses self (explain) _________
_________ Prefers company of (older) (younger) children
_________ Becomes frustrated when _________
_________ Handles frustration by _________
_________ Responds to change in routine by _________
_________ Responds to correction by _________
_________ Describe interaction with siblings _________

SUPERVISION NEEDED

_________ Must be watched constantly
_________ Plays (knowingly) (unknowingly) with dangerous objects if not watched (give specifics) _________
_________ Avoids sharp objects
_________ Avoids hot stove and pans
_________ Goes into street (or would if not watched) without looking for cars
_________ Crosses street safely after looking for cars
_________ Not allowed to enter street alone _ can be trusted to do so
_________ Wanders away from home while awake
_________ Wanders in sleep (within home) (away from home)

__________ Takes supervision from older children in authority

__________ Can be left alone in house for 20 minutes

__________ Can be trusted to watch younger children for 10 minutes

__________ Behavior in public is (better than) (worse than) (same as) at home

__________ (Can) (cannot) be trusted not to take things from store shelves without permission

__________ Takes things that don't belong to him (knowing) (not knowing) it is wrong

__________ Can be trusted to perform minor errands (mail letters, borrow an egg from neighbors)

__________ Tooth brushing not yet begun

__________ (Does) (does not) cooperate while teeth are brushed

__________ Learning to brush own teeth

__________ Self-sufficient at toothbrushing (though reminders may be necessary)

__________ Recognizes "well-groomed" and "sloppy" on (self) (others)

__________ Combs or brushes hair in (play) (grooming)

__________ (Shampoos) (sets) hair (alone) (with assistance)

__________ Does not help dress self

__________ Removes coat or dress alone if unfastened

__________ Puts on coat or dress; (does) (does not) fasten it

__________ Ties shoestrings

__________ Tells time to nearest (hour) (half hour) (quarter hour) (5 min.)

__________ Other ____

____

____

MAKING PHILOSOPHICAL CHOICES

Directions: Take time to think about your own Center and how it is operated. Complete the statements below in your own words. They will lead you to form a philosophy on mainstreaming the handicapped in child care.

IT IS MY PHILOSOPHY THAT:

I BELIEVE WE CAN SERVE ALL CHILDREN, OR SERVE CHILDREN WITHIN THESE LIMITATIONS:

I SUPPORT THE FOLLOWING VALUES:

OUR CENTER'S STRENGTHS ARE:

I BELIEVE OUR PHILOSOPHY TOWARD CHILDREN WITH SPECIAL DEVELOPMENT NEEDS SHOULD BE:

A DAY CARE CENTER WHERE CHILDREN WITH SPECIAL NEEDS ARE WELCOMED

Until recently many public and private day-care centers were reluctant to accept children with special needs. They said that they were neither trained nor equipped to help them. Other centers accepted handicapped children but simply took care of their physical needs.

Ms. Johnson, and Ms. McLynn want to provide the best possible services for the handicapped children who come to their center. They begin by listening carefully to the parents' requests and descriptions of their children. They observe the children in their preschool environment.

This day care center includes several handicapped children. If the special children require a great deal of extra time and attention, and additional aide is provided. In some cases, parents are required to pay for this service in addition to the regular fee.

Today this day-care center and others accept the challenge of including children with special needs. Wise teachers refuse to merely "love and take care of children." They are aware that the most critical years for learning occur before the traditional school entrance age of 5 or 6. As a result, they cooperate with parents and involved professionals by including handicapped children in their centers.

WHY DOES THIS CENTER COMMIT ITSELF TO SERVING SPECIAL NEEDS CHILDREN? The owners and staff can tell you there are several reasons:

☞ Through positive interactions with children with disabilities, non-disabled children become sensitive to the needs of others and learn to appreciate individual differences at an early age. In integrated settings, nondisabled children may have more chances to be leaders, thus increasing their self-confidence, and they can form friendships with children who are disabled.

☞ When young children with disabilities are educated with their nondisabled peers, they learn age-appropriate social and play skills by imitating nondisabled children. Integrated settings provide a **CHALLENGING ENVIRONMENT** for the child who is disabled. Therefore the children learn more independent and developmentally advanced skill.

☞ Teachers and assistants have the opportunity to learn about disabilities and become more accepting of individual differences. They can set more realistic expectations for both disabled and non-disabled children.

☞ By seeing their child accepted by others and successful in integrated settings, parents may feel better about themselves and their child. They can become acquainted with parents who children are non-disabled.

Public Policy Report

Early Childhood Programs and the Americans with Disabilities Act (ADA)

John Surr

Background

On July 26, 1990, the Americans with Disabilities Act (ADA) was signed into law. This historic measure established important civil rights for individuals with disabilities by requiring public accommodations to ensure access for all individuals regardless of disability. Early childhood programs in centers and family child care homes are among the public accommodations that must comply with the ADA rules that went into effect January 26, 1992.

Individuals with disabilities have been entitled to clear access to and use of federal and federally funded facilities since 1973, even if providing access necessitated major structural alterations.

Ensuring access, however, is no longer limited to publicly funded facilities. Under the ADA all public accommodations, including child care centers and family child care homes, are now prohibited from discriminating against individuals because of disability. In addition, public accommodations must take readily achievable steps to modify existing facilities and practices to adapt to a disability.

While the ADAC rules mark a broad, new mandate of nondiscrimination against individuals with disabilities, many early childhood programs have successfully integrated children with special needs for many years. A basic tenet of developmentally appropriate practice is understanding the individual growth patterns, strengths, interests, and experiences of children in order to design the most appropriate learning environment. A number of community based early childhood programs have received funds under Part B and Part H of the Individuals with Disabilities Education Act (IDEA) to provide service to children (from birth through age five) with disabilities.

Despite these facts many administrators, teachers, and family child care providers have expressed uncertainty about how some of the major provisions in the ADA are likely to affect centers and family child care homes.

Key concepts

A child care center and "a home or portion of a home...used as a day care center during the day and a residence at night" are expressly included in the regulatory definition of a public accommodation that must comply with the ADA. Not only is the program site covered by the ADA, but also elements needed for access to the program, such as sidewalks, doors, hallways, and restrooms. For family child care providers only, portions of the home used exclusively for residential purposes are exempt from the ADA.

Although the new regulations do not apply to religious organizations that operate programs, a center that is located in a religious facility but operates independently must comply with the ADA requirements.

The ADA does not require programs to do the impossible. Programs are required to take readily achievable actions to prevent discrimination on the basis of disability. Readily achievable is defined as "able to be accomplished easily and without much difficulty or expense. Programs are not required to take actions that would create an undue burden. An undue burden is a significant difficulty or expense, based on the nature and cost of the action needed; overall financial resources and number of employees, if any; legitimate safety and crime prevention considerations; and the impact of the contemplated action.

For the purposes of the ADA, a disability is a physical or mental impairment that substantially limits one or more major life activities. Children with disabilities include those who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development, language and speech development, psycho social development, or self help skills. short-term contagious illnesses such as fever, influenza, or the common cold, that predictably resolve themselves within a matter of days are not regarded as disabilities. Although this article focuses primarily on issues related to the inclusion of children with disabilities, programs must also consider issues related to adults with disabilities, particularly children's family members and current or potential staff.

What does the ADA mean for centers and family child care homes?

Many of the actions required by the ADA are ones that good programs automatically consider as they determine how best to meet the individual needs of the children and families they serve. Following are specific examples in several key areas.

Physical facilities

Existing facilities. If children are accepted on a drop-in basis, or when any child, parent, or covered employee with a physical disability would be impeded by barriers that can be removed without much difficulty or expense, programs should remove these barriers. The ADAs undue burden provision means that changes to an exiting structure that necessitate major budgetary impact are not required.

Examples of readily achievable actions could include promoting wheelchair access by installing a ramp; rearranging cubbies, tables, and shelves; widening doors by installing offset hinges; and installing grab bars in toilet stalls. Programs serving a child with a hearing loss could install a smoke detector with a flashing light. Labels in braille and braille picture books can be added to the classroom to serve a child with visual impairment. Programs with parking spaces should create accessible spaces for vehicles used by individuals with disabilities.

In programs housed in rented space, the program administrator and the land lord should discuss needed changes in accordance with the lease. Both the landlord (except for religious organizations) and the program are subject to the ADA.

If barrier removal is not readily achievable, programs have the obligation to determine alternative methods to provide full access. Such alternative must be considered in light of the program goals as well as costs. For example, installing a sig-

signaling system that enables a child to be brought to the parent who uses a wheelchair may be an acceptable alternative under the ADA in a family child care home if the cost of installing a ramp is prohibitive. However, this approach could make parental involvement in the child's program difficult if not impossible, violating a basic premise of quality in an early childhood program. Another strategy enables full access and participation would therefore need to be determined.

New or remodeled facilities. New construction that is first occupied after January 26, 1993, must meet the ADA accessibility guide lines except where "structurally impracticable. Any alteration to an existing facility must comply with the ADA accessibility guide lines for buildings and facilities to ensure that pathways to the altered area and its plumbing and telephones are accessible to individuals with disabilities. This requirement applies regardless of whether any individuals with disabilities are currently served. Such adaptations must be made to the maximum extend feasible within the scope and cost of the alteration, but do not require "disproportionate" costs.

Liability Insurance

This is an area of particular concern to many providers, and it is an area for which not all the answers are clear at this point. Under the ADA, providers may not refuse to enroll a child with a disability because enrollment could result in changes in the cost or coverage of insurance, although insurers are not prohibited from canceling or not renewing liability insurance on the basis of risks that are based on or not inconsistent with state law. The ADA further states, however, that they may not use this privilege as a subterfuge to evade the purposes of this Act."

Transportation

A center that owns or leases a bus or van to transport children to and from the program or on field trips must comply with the ADA standards. Existing buses and vans must be modified to remove barriers to individuals with disabilities if removal can readily achieved. Providers who transport children in a car or minivan are already required to provide infant or child seats; trunk or roof space should also be made available for a wheel chair when needed.

Employment

Beginning July 26, 1992, the ADA will require employers with 25 or more employees (15 or more employees after July 26, 1994) to avoid job related discrimination based on the employees disability, except for bona fide business qualifications that are job related and required by the nature of the business. Employers may prohibit use, or working under the influence of, lcohol or illegal drugs as well as smoking at the workplace.

The ADA will require employers to make "reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, unless the employer can demonstrate that the accommodation would impose an undue hardship on the operation of the business. Any job limitations, inquiries, or examinations relating to a persons disability must be "job-related and consistent with business necessity."

While the ADA does not expressly require an employer to train employees to avoid discrimination and make readily achievable adjustments to a disability, the employer is liable for the consequences if an employee fails to meet these requirements. Employers should therefore try to raise the consciousness of all employees about the ADA requirements and ensure that their job performance is not discriminatory in any way.

Assistance with the costs of compliance

Programs that are required to pay federal income taxes may deduct up to $15,000 per year for expenses associated with the removal of architectural or transportation barriers as required by the ADA. Alternatively, programs may claim a federal income tax credit of up to 50% of expenses ranging from $250 to $10,250 for removing architectural, physical, communications, and transportation barriers; providing readers, interpreters, and other auxiliary aids; and acquiring or modifying equipment or devices in order to comply with the ADA. This tax credit is not available to businesses with annual gross receipts exceeding $1 million or with more than 30 full-time employees. The credit should make it possible for small for profit programs and family child care providers to accommodate a disability without undue financial burden.

Child care providers traditionally have charged higher fees for serving children with special needs. This practice is recognized in the higher reimbursement rates provided through public child care subsidies to serve children with special needs. The ADA makes this practice more complicated than before, but seems to permit it. Clearly, however, the costs of making a program accessible cannot be passed on solely to newly enrolled children with disabilities . The governments comments to the final ADA rules note that they are "intended only to prohibit charges for measure necessary to achieve compliance with the ADA." These comments imply that providers may charge for some extra services provided to individuals with disabilities. In addition, the ADA does not apply to either itemized charges for specific treatment of a disability or to supplemental, personal services not provided to all the children in the group.

Ensuring small group sizes and limited numbers of children per adult, important in any early childhood setting, is particularly crucial when children with special needs are included in the group. Some assistance with additional personnel costs may be available through programs designed to provide assistance to children with disabilities, such as state Part B and Part H funds under the IDEA.

one way to avoid the questions of discriminations against disabilities in program fees may be to relate fees for all children directly to the amount of staff time required for each child instead of charging the usual age-related fees that recognize this factor only indirectly.

Enrollment practices

The ADA strongly prohibits discrimination in enrollment based on a child's disability. If the inclusion of a particular child requires specialized training and equipment to accommodate the disability, it may be that the costs of accommodation would exceed the test of "undue burden. However, if available resources permit a provider to train staff in sign language, hire an interpreter, provide staff training in infant CPR, provide audio recordings, or otherwise train staff in how to work with the disability in question and adapt the program accordingly, the provider is required by the ADA to do so.

Training

As the ADA is implemented, it is increasingly important that all individuals working with young children in all types of settings have access to comprehensive, ongoing training on issues related to children with disabilities. Training to help staff care for groups including children with disabilities is available in many areas; a number of states are spending Part H and Child care and Development Block Grant funds to provide such training. Parents often will know of the best local sources for training and other support for their child's disability.

Curriculum and program

A basic principle of the ADA is to provide "the most integrated setting appropriate to the needs of the individual. This principle is also the essence of good early childhood practice. Good early childhood programs adapt the curriculum to the developmental levels and individual characteristics of all children enrolled, so programs should not have any significant difficulty or expense in adapting curriculum to children with a disability.

The ADA requires programs to provide integrated settings in the least restrictive environment to children with disabilities to the maximum extent feasible. Child care providers, by working closely with parents and the professional team who work with the child, can use curriculum planning to help integrate therapy goals into program activities and allow for successful implementation of the child's IEP (Individualized Education Plan; for children ages 3 and older) or IFSP (Individualized Family Service Plan; for children younger than age 3).

Conclusion

The ADA will require everyone to be more sensitive to the civil rights of individuals with disabilities. As with many changes in public attitudes and practices, some setbacks, conflicts, and excesses may be expected. The key to minimizing the disruption of change is something that the early childhood field already has in abundance - a caring and respectful relationship between caregivers and families. The ADA will be a benefit, not a burden, if, as early childhood professionals, we

- continue to work with each family in the best interest of the child,

- do our best to meet each child's and family's individual needs, whether covered by the ADA or not, and

- help each child and adult to care about and respect others.

John Surr volunteers with children with special needs and is a member of the Maryland and District of Columbia Bars.

FIVE KEYS TO SUCCESS WITH THE ADA

1. Be aware that the ADA applies to your child care center, prechool program or family child care home.

2. Refuse to discriminate against anyone because of a disability.

3. Plan ahead by publishing your nondiscrimination policy in your by-laws, job de-

scriptions, and promotional information; by training your staff in the requirement of the ADA; and by keeping records of any discussions about specific disabilities with parents or covered employees.

4. Be willing to make reasonable adjustments in your program to meet the need of children, their families, and program employees. When the need to make an accommodation arises, approach it with the attitude of 'Lets see what we can work out... instead of "We can't do that!"

5. Try to negotiate arrangements that maximize mutual accommodation in each instance, rather than planning for disabilities that may not need to be accommodated or inviting a lawsuit because of an unwillingness to adapt creatively.

The Ada's public accommodations provisions will be implemented primarily on a case-by-case basis, primarily by private individuals and public accommodations reaching agreement or by lawsuits. Most lawsuits can be avoided by adopting a cooperative attitude, having mutual understanding of real needs, and using some creative thinking. Parents of-and other professionals working with-a child with a disability are often in the best position to offer suggestions of possible alternatives that will meet each child's needs.

SOURCES OF FURTHER INFORMATION ON THE ADA

Access ADA - A comprehensive nationwide project on Title III of the ADA, Access ADA provides technical assistance to places of public accommodation to increase accessibility and usability by people with mental retardation and other disabilities. contact The ARC National Headquarters, 500 E. Border Street, Suite 300, Arlington, Texas 76010 800-433-5255.

The ADA Information Line - This hotline is administered by the U.S. Department of Justice to answer questions about ADA. The hotline operates from 11 a.m. to 5 p.m. Eastern time; call 202-514-0301.

The Americans with Disabilities Act of 1990: Summary, Employment Provisions, Public Accommodation Provisions, Checklist, and Examples of Disabilities-(1991). Prepared by Hogan & Hartson, Washington, D.C., for the National Child Care Association. Contact NCCA, 1029 Railroad St., Conyers, GA 30207 800-543-7161. $6

The Child Care Law Center - The Child Care Law Center publishes a Legal update, which tracks ADA and other early childhood issues with legal implications. For further information contact the center at 22 Second St., 5th floor, San Francisco, CA 94105 415-495-5498.

State contacts - State agencies responsible for administering the following programs may be able to provide information and assistance: IDEA Part B and Part H programs; Child Care and Development Block Grant; child care Licensing; and compliance with the ADA (check with the governors office).

Making the Facility Accessible

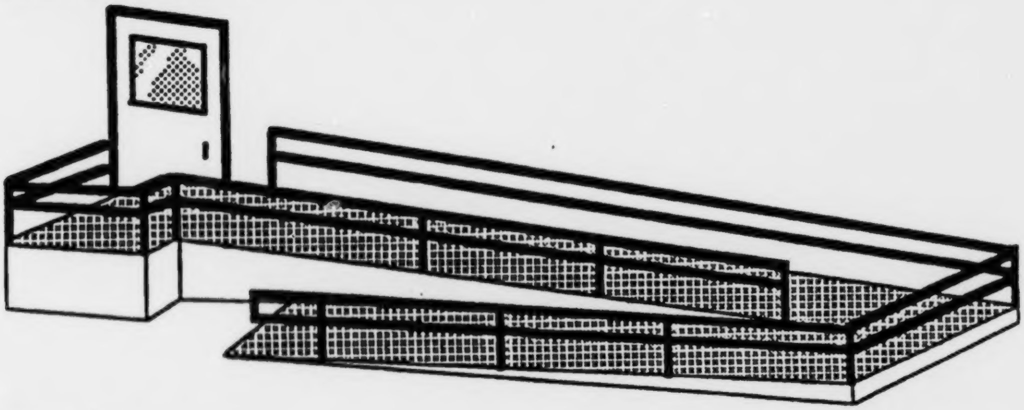
Both children and adults with disabilities must be able to enter the center of family daycare home or child care centers and move around with ease. You may need to adapt or modify your facility for accessibility.

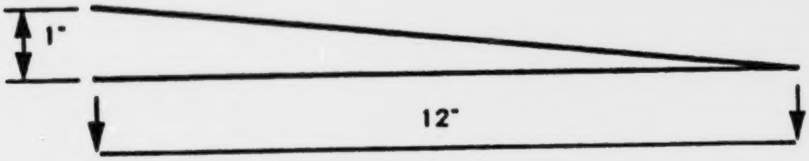
There are some general considerations and adaptations for your facility you can make which will help in preventing accidents for children with disabilities. These modifications will help make it easier for children or adults with disabilities to enter or leave the building and the classrooms. These modifications do not involve moving walls or permanent fixtures. They can usually be made at minimum cost.

1. Entrance Ramps. If the building is not at ground level, entrance ramps are needed for children who are in wheelchairs, use crutches or leg braces or have motor problems, as well as for visually-impaired children. Ramps should be 36 inches wide and have a very gentle or slight slope. An inexpensive ramp can be made from heavy plywood.

2. Door Openings. For children who are in wheelchairs, door openings should be at least 32 inches wide.

3. Door Thresholds. For children with motor problems or visual impairments, door thresholds can present problems. Thresholds should not be more than 3/4 inches high. If you have carpeting between rooms, be sure it is nailed securely in place so children will not trip. The ramp should not rise more than 1 inch in height for every foot of horizontal distance.

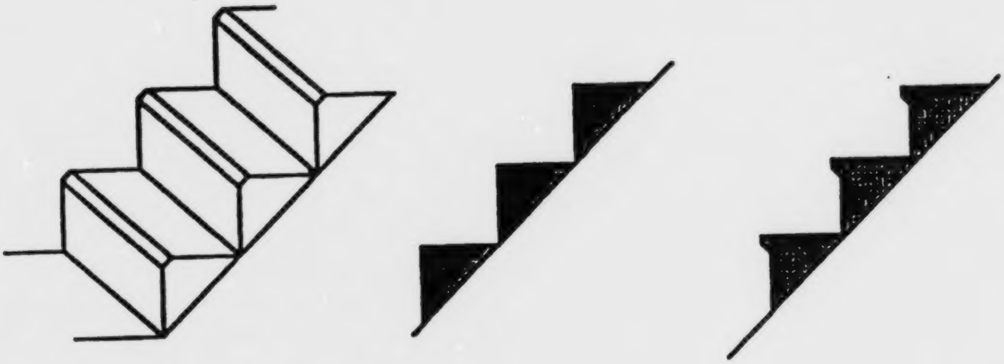




4. **Floors.** Floor and stair coverings should be of non-slip material. If you have tile floor coverings in rooms or hallways, they should not be heavily waxed and slippery.

5. **Stairs.** If there are stairs which children must climb, they should be enclosed and should not have an extended edge over which a child might trip.

In some cases, there will be structural modifications that need to be made to make a building or room accessible to children with disabilities. These might involve moving a wall or adapting permanent fixtures. If you plan structural changes to your facility, you must consider local and state building requirements. These requirements will provide information on structural adaptations for the disabled. They will also address other areas that will make your facility accessible to and usable by children or parents with disabilities.



RECOMMENDED
These vertical or slanted, and slanted underside stairs have no edges a child wearing leg braces can trip on.

ADAPTIVE PLAYGROUNDS FOR ALL CHILDREN

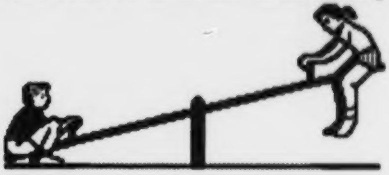
Traditional playground equipment forces children with disabilities to remain isolated spectators. Further, it does not encourage the development of physical and social skills.

Yet research indicates that children with disabilities play in ways that are similar to those of children without disabilities. But the need exists for play environments to include adaptive equipment to enable children with disabilities to manipulate the environment like their non-disabled peers do.

THE PRIMARY GOAL OF AN ADAPTIVE PLAYGROUND IS TO INCREASE THE CHILD'S LEVEL OF INDEPENDENCE.

Safety, is of course, a major concern. The National Recreation and Park Association provides succinct guidelines on equipment design, playground arrangement, and surface materials. Some of these options include:

1. Interconnecting pathways encircling the play areas. The pathways should be built with smooth, flat surfaces to maximize mobility for all.



2. A sun-shaded instructional area (especially important in Florida). Group art, science, language, or cognitive activities can be provided using a horticultural theme. Plants can be of different heights to accommodate all youngsters' eye levels, whether they are standing, seated, or lying down.

3. Stationary vehicles area. Children can manipulate steering wheels, latches, handles on wooden fire engines, jet planes, or locomotives. This equipment is excellent for role playing

4. Suspended cargo nets and rope area. The flexibility which this creates responds to the movement of each child, which, in turn, affects every other person on the nets. Cooperative behaviors can be taught to both handicapped and non-handicapped children.

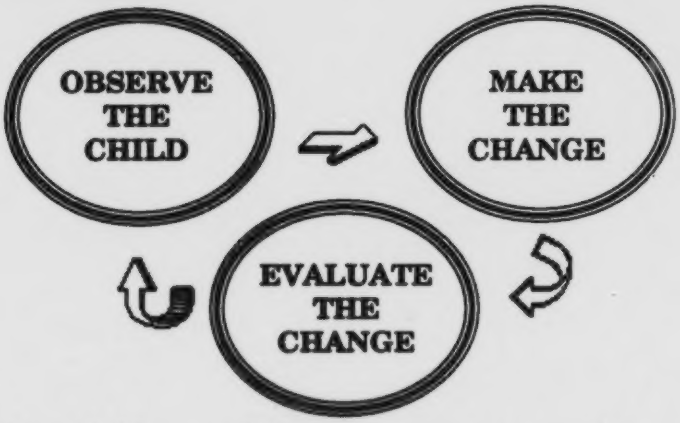
5. Ramps attached to slides. Children in wheelchairs can leave their chairs, crawl up the ramp, and slide down, just like their non-handicapped peers.

6. Sand or water table area. Some tables are adjustable for height, or separate tables of varying height can help children improve their balance and sense of touch.

7. Vary ground coverings. Non-ambulatory children can discover surface properties by having access to soft, hard, smooth, scratchy, colored, printed, stationary and moving surfaces, including water, sand, grass, gravel, dirt, asphalt, wood and metal.

The "ideal" playground may not be possible for most child care centers. However, some consideration should be given to **SIMPLE** or **INEXPENSIVE ADAPTATIONS WHICH ACCOMPLISH THE SAME RESULTS AS INDICATED ABOVE.**

Changes can be made gradually. The need for certain adaptations may be based on information about the child, but more importantly, on observation. Compare the child's behavior and ability to interact with his environment. Make a simple adaptation first, then evaluate its effectiveness:



With limited funds available, a tool for assessing priority needs, can provide child care owners with a starting point for adaptation.

☞ Keep in mind that grandparents and other relatives of a child enrolled at your center are potential sources for providing adaptive equipment, whether for inside use or on the playground. After you have surveyed parents to find out what they would like in the playground area, a planning committee (including members of the extended family) can help reach prioritized goals for adapting your playground. The committee can seek donations (for lumber, gravel, other basics), write for grants (if you are non-profit), and volunteer to help in construction of the adapted playground.

Summarized and adapted by Harriet F. Reece from an article by Raschke, Dedrick, and Hanus (1991). TEACHING EXCEPTIONAL CHILDREN.

A PLAYGROUND SURVEY

ADAPTIVE PLAYGROUND NEEDS ASSESSMENT

What would you like to see available in the playground of your dreams? Prioritize the following items, based on your own perceptions of child growth and development needs for **ALL** children.

An area composed of cargo nets, ropes, etc.	5	4	3	2	1
Wide, level paths to tie areas together	5	4	3	2	1
A structure designed with multiple climbing levels	5	4	3	2	1
A sun-shaded outside classroom with seating	5	4	3	2	1
A castle or other role-playing area	5	4	3	2	1
Stationary, wooden vehicles, such as a fire engine	5	4	3	2	1
Traditional playground equipment with adaptations .... (e.g.) slide with ramps)	5	4	3	2	1
A large sandbox, sand/water tables, variable heights	5	4	3	2	1
An outdoor ramp with rails	5	4	3	2	1
Boards with obstructions to crawl around	5	4	3	2	1
A variety of ground covers	5	4	3	2	1
Other idea (prioritize)	5	4	3	2	1

____

____

Raschke, et.al. (1991)

WORKING WITH STAFF

DIRECTIONS: The following statements are typical concerns and problems which occur in any child care center. Discuss each statement and problem-solve each situation. Jot down your solutions.

1. A center teacher feels she is not qualified to teach a "special child".

2. One of your teachers makes too much fuss over the special child.

3. A teacher resents having to make special (different or extra) efforts to help handicapped children when the teacher has many other things that require attention.

4. The teacher's assistant feels the handicapped child will feel too much pressure when surrounded constantly by children so much more able than he.

5. Your head teacher fears the normal children will pick up inappropriate behavior or undesireable mannerisms from the child with special needs.

6. The teacher uses "special" techniques with a developmentally delayed child even when the technique used with normal children would have been effective.

STAFF BACKGROUND

NAME ______________________ PHONE NUMBER ______________

ADDRESS (Street, City, Zip) ______________________________

____

POSITION SOUGHT: ______________________________

REASONS FOR APPLYING FOR THIS POSITION: ______________________________

____

____

____

CHECK (✔) EDUCATION STATUS:

	DATE	FIELD/AREA
( ) M.A./ M.Ed		
( ) B.A./ B.S.		
( ) ASSOC. (2 yr)		
( ) C.D.A.		
( ) C.D.A. EQUIV.		
( ) C.C.P.		
( ) 20-HR. INTRO		
( ) 10-HR. SPEC.		
( ) 8-HR. ANNUAL		
( ) OTHER		

WORK EXPERIENCES DIRECTLY RELATED TO CHILD CARE:

POSITION	LOCATION	FROM / TO
1.		
2.		
3.		
4.		

OTHER (UNRELATED) WORK EXPERIENCES:

POSITION	LOCATION	FROM / TO
1.		
2.		
3.		
4.		

EXPERIENCES or TRAINING DIRECTLY RELATED TO CHILDREN WITH SPECIAL NEEDS: ______________________________

____

SPECIAL TALENTS or EXPERIENCES: (Languages, Art/Music Skills, Travel, Awards, etc.) ______________________________

____

OTHER COMMENTS: ______________________________

____

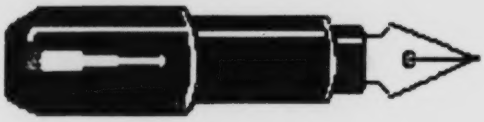
____

____

A STATE BY STATE SURVEY OF LICENSING REQUIREMENTS

	Day Care Center child-to-staff ratio					Family day care homes
States	0-12 months	12-18 months	18-24 months	24-30 months	30-36 months	# allowed in homes
Alabama	6:1	6:1	6:1	10:1	10:1	6
Alaska	5:1	6:1	6:1	10:1	10:1	6
Arizona	5:1	6:1	6:1	10:1	10:1	4
Arkansas	6:1	6:1	9:1	12:1	12:1	16
California	4:1	4:1	4:1	4:1	12:1	12
Colorado	5:1	5:1	5:1	5:1	8:1	6
Connecticut	4:1	4:1	4:1	4:1	10:1	6
Delaware	4:1	7:1	7:1	10:1	10:1	6
Dist. Of Columbia	4:1	4:1	4:1	8:1	8:1	5
Florida	6:1	8:1	12:1	12:1	15:1	5
Georgia	7:1	7:1	10:1	12:1	15:1	6
Hawaii	Prohibited	Prohibited	Prohibited	8:1	16:1	5
Idaho	12:1	12:1	12:1	12:1	12:1	6
Illinois	4:1	5:1	8:1	8:1	10:1	8
Indiana	4:1	5:1	5:1	7:1	10:1	10
Iowa	4:1	4:1	4:1	6:1	8:1	6
Kansas	3:1	5:1	7:1	7:1	12:1	10
Kentucky	6:1	6:1	6:1	10:1	12:1	12
Louisiana	6:1	8:1	12:1	12:1	14:1	*
Maine	4:1	5:1	5:1	8:1	10:1	12
Maryland	3:1	3:1	6:1	6:1	10:1	6
Massachusetts	3:1	4:1	4:1	10:1	10:1	6
Michigan	5:1	9:1	9:1	12:1	12:1	6
Minnesota	4:1	7:1	7:1	7:1	10:1	14
Mississippi	5:1	9:1	12:1	12:1	14:1	15
Missouri	4:1	4:1	8:1	8:1	10:1	10
Montana	4:1	4:1	4:1	8:1	8:1	6
Nebraska	4:1	4:1	6:1	6:1	10:1	8
Nevada	4:1	6:1	6:1	6:1	7:1	6
New Hampshire	4:1	5:1	6:1	6:1	8:1	6
New Jersey	4:1	4:1	7:1	7:1	10:1	5
New Mexico	6:1	6:1	10:1	10:1	12:1	12
New York	4:1	4:1	4:1	4:1	6:1	6
North Carolina	7:1	7:1	7:1	12:1	12:1	5
North Dakota	4:1	4:1	4:1	5:1	5:1	7
Ohio	5:1	6:1	7:1	8:1	12:1	12
Oklahoma	4:1	6:1	6:1	8:1	12:1	5
Oregon	4:1	4:1	4:1	10:1	10:1	5
Pennsylvania	4:1	4:1	5:1	5:1	10:1	6
Rhode Island	4:1	4:1	4:1	4:1	4:1	6
South Carolina	8:1	8:1	12:1	12:1	15:1	6
South Dakota	5:1	5:1	5:1	5:1	10:1	12
Tennessee	5:1	7:1	8:1	8:1	10:1	7
Texas	5:1	6:1	9:1	11:1	15:1	12
Utah	4:1	4:1	7:1	7:1	15:1	6
Vermont	4:1	4:1	4:1	5:1	5:1	6
Virginia	4:1	5:1	5:1	10:1	10:1	9
Washington	4:1	7:1	7:1	10:1	10:1	6
West Virginia	4:1	4:1	4:1	8:1	8:1	7
Wisconsin	4:1	4:1	4:1	6:1	8:1	8
Wyoming	5:1	5:1	8:1	8:1	10:1	6

Parenting, 1988; 2(7):72-73.



WRITTEN POLICIES

Having well though out, written policies to share with parents can save time, irritation, and money. Below are suggestions to include in your policy/program handbook.

Check ✔ those policies you already have and which need **no changes**.
Make an ✖ in front of policies you have, but which may require changes to include the needs of handicapped children.
Make a ∅ where no written policy is available.
Add any additional policies you think important or needed by your center.

CENTER PHILOSOPHY

GENERAL INFORMATION AND PROCEDURES

CHILD CARE OPTIONS

FEE SCALE / FEE AGREEMENT

PROGRAM CALENDAR

EMERGENCY INFORMATION

HEALTH POLICY

MEAL PROGRAM

DISCIPLINE POLICY

TRANSPORTATION

PERSONAL SUPPLIES

PROGRAM OVERVIEW

INFANT / TODDLER PROGRAM

PRESCHOOL PROGRAM

AFTER SCHOOL PROGRAM

CUSTOM-DESIGNED SERVICES (including services for special needs)

THE IMPACT CHILDREN CENTER

PROGRAM PHILOSOPHY

The **IMPACT** Child Care Program is based on the following premises.

1. The development of young children can be supported and encouraged through participation in an appropriate Early Childhood program.

2. A developmentally appropriate program for early childhood allows children to be active explorers and fosters learning through play, movement, music, and stories. Relationships with people are emphasized as an essential part of the learning process.
3. Young children function best in group settings when class size is limited and adult to child ratio is high, allowing ample opportunities for individual attention.

4. A child with special needs deserves the same opportunities as any other child to learn through play and interact with others. Any special therapeutic or behavioral programs required should be integrated into a developmentally appropriate early childhood environment, rather than becoming a substitute for it.

5. Children with and without special needs benefit from exposure to and interaction with one another.

6. There is a need for a child care program that will foster children's development while allowing families to pursue employment or other objectives with peach of mind. The program should meed the needs of families who desire part time child care as well as those who require extended day care.

7. The **IMPACT** Children's Center is primarily a service rather than a source of financial profit. Therefore, service fees will not be assessed at a level higher than needed to meet operating expenses.

PROGRAM REGISTRATION CHECKLIST

Check When Completed

_________ Program Philosophy

_________ Information and Procedures

_________ Annual Calendar

_________ Health Policy / Records

_________ Discipline Policy

_________ Meal Program / Alternate Nutrition Plan Agreement

_________ Personal Supplies

_________ Transportation

_________ Fee Scale / Fee Agreement

_________ Program Overview / Daily Schedules

_________ Enrollment Form

_________ Child Information Form

_________ Parent Permission Form

_________ Physical and Immunization Forms Provided

I, ______________________________, parent / guardian of ______________________________, have received and understand all of the information listed above.

______________________________ __________

Signature Date

______________________________ __________

IMPACT Representative Date

10/92

INFORMATION AND PROCEDURE

1. **Calendar**: The **IMPACT** Children's Center is open Monday Friday, 7:00 a.m. - 5:30 p.m., with the exception of the dates specified on the annual program calendar.

2. **Enrollment**: A variety of program options are available. These include full day of half day hours, weekly or two through four day programs, extended care for Pre-K ESE students and Drop-In care. Separate fee scales apply for each enrollment option. All items on the registration checklist must be completed prior to enrollment.

3. **Sign In/Out**: Children must be signed in and out of the IMPACT center by a custodial parent or a person designated on the Enrollment Form. The opening activities for the morning program begin at 9:00 a.m. It is beneficial for your child to arrive before that time. Children must be signed in and out of the **IMPACT** center by a custodial parent or a person designated on the Enrollment Form. The opening activities for the morning program begin at 9:00 a.m. It is beneficial for your child to arrive before that time.

4. **Parent Participation**: Parents are welcome to observe the classroom activities at any time. Parents are encouraged to participate in the classroom activities on a regular or occasional basis by making arrangements in advance with the teacher.

5. **Confidentiality**: The **IMPACT** staff stringently maintains the family rights to confidentiality. Access to or discussion of confidential information is restricted to the authorized personnel.

6. **Class Size and Ratio**: Class sizes will be limited and a high ratio of adults to children will be maintained to provide as much individual attention as possible to each child. Children with and without special needs will be integrated in the same classrooms.

7. **Dress**: Children should wear rugged, washable playclothes, closed shoes, and socks. "Dress Clothes" are strongly discouraged. Smocks are provided for messy exploration, however, clothing can still get dirty. Please plan for an active day with food, sand, water, and other "messy stuff".

8. **Toys**: Toys should not be brought to the center unless requested by the teacher for a special activity. Books and records may be brought in to share with the class. Special nap items, such as blankets or stuffed animals, are permitted.

9. **Conference and Reports**: Parents will be kept informed of their children's progress and development through both conference and written reports. These will be scheduled at least twice annually or more frequently if needed.

CHILD CARE PROGRAM AND FEE OPTIONS

Hours of Operation: Monday - Friday, 7:00am - 5:30pm

Ages Accepted: Birth - 5

Registration:	$50.00 per family each October. Pro-rated for registration after October. No registration fee for Drop-In care.

Program Options & Rates

Hourly Rate:	$3.00 per hour per child, all ages.

2-5 Year Old:	**Weekly**	**2 Days**	**3 Days**	**4 Days**
Full Day	$70.	$38.	$51.	$60.
Half Day (up to 5 hours)	$45.	$24.	$33.	$40.

0 - 24 Months:	Weekly	2 Days	3 Days	4 Days
Full Day	$80.	$42.	$57.	$68
Half Day	$55.	$28.	$39.	$48.

Extended School Care (Pre-K, ESE): Determined by hourly rate or half day rate depending on hours of care required. A limited number of openings are available for full day care during school closures. Arrangements must be made in advance and will be accepted on a first request, first served basis. The fee will be $15.00 for the full day.

Drop-In Care: Drop-In Care is available on a space permitting basis. Arrangements must be made in advance to ensure an opening for the hours required. Child(ren) must have a complete enrollment file prior to attendance. The fee is determined by hourly rate.

- For both hourly and weekly rates, there is a 30% fee reduction for each additional child in a family to the first enrolled.
- Application for reduced fees will be considered based on income eligibility.
- Weekly fees are due on the first day of attendance each week. Hourly fees are due upon completion of arranged period (day of attendance for Drop-In or last day of attendance of Extended School Care). There will be an additional $10.00 fee assessed for late payments.
- Full fees are due regardless of absence or holiday with the exception of annual vacation of 2 weeks (or the equivalent number of days to program of enrollment.)
- A service charge of $15.00 will be assessed for returned checks.

- The hourly rate will be charged for half day children who are picked up after the 5 hour period.
- There will be late fee charges for care past 5:30 PM. Payments of $10.00 per each 15 minutes will be assessed.

IMPACT CHILDREN'S CENTER
PROGRAM FEE AGREEMENT

Child's Name: ____
Date of Enrollment: ____
Child Care Program Option:

________ Full Day Program / ______________ Days per week
________ Half Day Program / ______________ Days per week
________ Drop-In Care as space permits
________ Extended Care for Pre-K ESE students /
Hours of care:
____

My weekly fee will be $ ____________ due the first day of attendance each week. The fee will be past due after the last program day of the week. I understand that my child may not attend if my account is past due.

My hourly fee will be $. This will be due:
__________ at time of pick-up for drop-in attendance.
__________ on last scheduled day of weekly attendance of hourly attendance for Pre-K ESE student.

I understand that the weekly fee is due regardless of my child's absence or holiday, with exception of an annual 2 week (or equal number of weekly program days) vacation for which fees will not be assessed.

A registration fee of $50.00 is due each October 1st and is prorated for entry after the month of October. The fee to register my child for this year is:
(due prior to the first day of attendance) $ ______________

I also agree to the following policies:

- The hourly fee will be assessed for children enrolled in the half day program who are picked up after the 5 hour period.
- A late fee of $10.00 per 15 minutes will be assessed children who are picked up after the center closing time of 6:00 PM.
- A service charge of $15.00 will be assessed for returned checks.
- There will be a $10.00 fee assessed for late payments.

I have read and understand the fee policies. I agree to the fees indicated.

____ ______________
Signature Date

____ ______________
IMPACT Representative Date

DISCIPLINE POLICY

1. Children are to be handled by **IMPACT** staff in a positive manner.

2. Potential behavior problems are avoided through maintaining a planned environment and a consistent schedule of rewarding activities.

3. Children are made aware of acceptable and unacceptable behaviors according to their levels of understanding. Behavioral expectations are developmentally appropriate.

4. Positive reinforcement in the form of praise and tangible rewards (such as rubber stamps and stickers) are used to increase desired behavior.

5. When unacceptable behavior (hurting people or property) does occur, IMPACT staff will use one or more of the following procedures:
   - Verbally and/or physically stopping the unacceptable behavior.
   - Practicing with the child an alternative to the unacceptable behavior.
   - Rewarding the child when he/she is not exhibiting the unacceptable behavior.

6. Physical punishment is prohibited. Discipline procedures are not to involve food, rest, or toileting. Tone of voice must be kept firm and matter-of-fact, never loud or angry.

7. When the procedures described above are not sufficient to control unacceptable behavior, a parent conference will be held to explore alternatives. Behavior experts will be consulted when appropriate. Alternatives developed must be approved by parent and be consistent with H.R.S. Level III procedures.

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HEALTH POLICY

To protect the health of all children in our center, we will follow the following procedures:

1. **IMPACT** staff will follow handwashing and diapering procedures as written in the handbook published by the ***Department of Health and Human Services, Center for Disease Control***, December, 1984. This information is available to parents upon request.

2. Parents are required to provide **IMPACT** with proof of a physical exam (H.R.S. Form 3040) and current immunizations (H.R.S. Form 680A) for the child, or a letter of exemption (H.R.S. Form 680B) from a physician prior to enrollment.

3. Children who exhibit symptoms of illness will be excluded from the group, and the parents will be called to pick the child up at the center. Children who are ill upon arrival will be sent back with the parents. Parents must provide **IMPACT** with the phone numbers where they can be contacted in case of illness. We anticipate parents will arrive promptly.

4. If a child is exposed to a communicable disease at **IMPACT**, we will inform the parents as soon as possible. If exposure occurs outside of **IMPACT**, the parents must notify the center as soon as possible.

5. Written certification of recovery from a physician is mandatory in the case of communicable disease and may also be required by **IMPACT** in other cases.

6. Symptoms of illness that will result in exclusion from **IMPACT** child care are:

   - diarrhea or abnormal stool
   - excessive or colored nasal discharge
   - infected mouth, nose, skin
   - unusual spots or rashes
   - pinkeye
   - symptoms of contagious
   - illness (chicken pox, etc.)
   - severe coughing
   - difficulty breathing or increased congestion
   - increased seizure activity
   - fever
   - vomiting
   - unusual behavior

7. Medication will be administered at **IMPACT** only when prescribed by a physician. Parents must sign an ***Authorization for Medication form***. Medication must in the original label. Non-prescription

medication will only be administered with a ***written Doctor's order*** which must be filed with a signed ***Authorization for Medication form***. Medicine must be in the original container and labeled with the child's name.

8. Children who require emergency or on-going medication must have a signed ***Authorization for Medication form*** on file for each medication. The medication must be available at the center to provide in the emergency situation (ie: asthma, allergies).

9. In the event an accident or unusual incident occurs, it will be immediately reported to the parent. If treatment is required, parents should contact their insurance companies. If there is no family insurance, **IMPACT's** liability policy may provide coverage under certain circumstances.

PLEASE NOTE

If your child has soiled his/her underwear or clothing, it will not be cleaned or rinsed off. It will be sealed in a plastic bag and placed in your child's tote bag for cleaning at home. Our sanitation policies require us not to touch or wash heavily soiled garments.

MEAL PROGRAM

- A morning snack is provided to all children and is included in the weekly fee.
- An afternoon snack is provided to all extended children and is included in the weekly fee.
- Breakfast will be served to children arriving before 8:00am on parent request. Cereal and juice will be provided and is included in the weekly fee. Parents may provide an alternate breakfast if desired.
- Milk and juice are available for all meals and snacks, and is included in the weekly fee.
- Parents must provide a daily lunch. The bag or lunchbox must be labeled with the child's name.

Our child care license does not permit meals to be prepared in the facility. Therefore, all meals must be ready to serve. Food may be refrigerated and a microwave is available to reheat food.

The weekly snack menu is posted on the program information board. Snack items are selected using USDA food guidelines for nutritional value.

If your child's lunch if "forgotten", **IMPACT** can provide a sandwich or soup item with a snack item at a cost of $1.50

All food allergies should be indicated on the ***Alternative Nutrition Plan Agreement Form.***

Parents must sign an ***Alternative Nutrition Plan Form*** to indicate that they understand and agree with the program described above.

PERSONAL SUPPLIES

The following items must be provided and maintained for your child's daily care:

1. Extra Clothing (underwear, socks, pants, shirt) 2 or more sets if your child is toilet training. Please label your child's clothing to avoid misplaced belongings.
2. Diapers and Wet Wipes
3. Child-size toothbrush and toothpaste
4. Small blanket for naptime (please bring home to wash weekly)

An individual storage bin is provided for each child. Belongings may be kept at the center and the teacher will notify you when items are needed. There is a 50 cents charge per diaper provided by the center.

The following items are used in large quantities throughout the day. We request your assistance in maintaining adequate supplies by providing the following:

- 2 Washcloths
- A large bib (infants and toddlers)

Each child will be ensured clean, individual washcloths and bibs every meal and washing period. **IMPACT** will keep these items clean and available; therefore, they will be non-returnable. They will also be requested annually at registration renewal.

The cent is always in need of spare clothing, socks, shoes, and underwear. We would appreciate donations of any of these items throughout the school year. We ask only that they are clean, sized and in relatively good condition. Thank You!

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TRANSPORTATION

IMPACT does not operate it's own transportation program. Therefore, families must assume responsibility for transporting their children to and from the **IMPACT** Center.

Families who wish to enroll a child in the program, but do not have access to transportation might be able to participate in **GOODWILL's "Good Wheels"** bus service. Please call **Darlene McConnell**, Program Coordinator, at **481-1114** for further information.

The Lee County **ESE Program** provides school bus transportation for Pre-K students. Transportation between the school and **IMPACT** is available and must be arranged by the parents. **IMPACT** staff is available to meet the bus and escort the children to and from the classrooms.

IMPACT CHILDREN'S CENTER

PARENT PERMISSION FORM

Child's Name:

I. AUTHORIZATION FOR PROFESSIONAL EVALUATION

I, authorize IMPACT, Inc. to provide professional evaluations for my child in the areas of developmental assessment, physical therapy, occupational therapy, and speech therapy.

Signature ______________________ Date __________

II. PHOTOGRAPHIC RELEASE

I, ______________________ authorize IMPACT, Inc. staff to photograph, film or record my child for program activities and professional use. The photographs MAY / MAY NOT (circle one) be released for publicity purposes.

Signature ______________________ Date __________

III. MEDICAL EMERGENCY AUTHORIZATION

I, ______________________ authorize IMPACT, Inc. to contact my child's doctor in case of medical emergency. If necessary, IMPACT may transport my child to a hospital, and authorize treatment by the doctor on call or oversee any medical treatment to my child in my absence.

My hospital of preference is: ______________________

Signature ______________________ Date __________

IMPACT Representative ______________________ Date __________

10/92

DEVELOPMENTALLY APPROPRIATE PLANNING

EXAMPLE 1.

OBJECTIVE: The child will paint, using sponges.

ACTIVITY: Seat children at table. Cover work area with newspaper. Put paint into shallow containers. Place sponges cut into different shapes on table. Demonstrate dipping and pressing process. Give each child paper and sponges. Encourage child. Praise efforts. Display paintings in the room.

ADAPTATIONS/MODIFICATIONS

↑ Degree of Difficulty
Increase - Decrease ↓

Let child sponge paint, using squares of sponges and many colors. When child finishes, draw in details to form an abstract picture (e.g., outline of a boat, trunk and branches to form tree.)

Using sponges cut into holiday shapes and holiday color paints, sponge paint large sheets of white paper to use as holiday wrapping paper (e.g., red hearts for Valentine's Day).

Cut sponges into shapes for holidays: Christmas trees, pilgrim hats, shamrocks, hearts, etc. Give the child paper in a holiday color (orange for Halloween). paint in a corresponding color (black) and a sponge cut in a shape (cat). Sponge paint the paper. When it dries, use the painting as holiday cards or place mats.

Repeat the activity using one sponge and one color of paint. Add sponges and colors as the child becomes more adept.

EXAMPLE 2

OBJECTIVE: The child identifies materials (wood, nails, sandpaper, nuts, bolts).

ACTIVITY: Bring in a selection of materials used in industrial arts projects. Place the materials on a table. Hold up each material, name, it, and demonstrate its use. As you name each materials ask a child to repeat its name. Review the materials, their names, and their uses with child until (s)he can identify each one.

ADAPTATIONS/MODIFICATIONS

As part of an industrial arts project, ask the child to select the materials he needs.

Degree of Difficulty
Increase - Decrease

↑

Give the child a catalog that has a hardware section, and ask the child to find pictures of materials used in industrial art projects. Glue the pictures on construction paper and make collages of industrial arts materials.

Allot a specific area as a storage area for industrial arts materials. Put a sample of the material above the space provided to store that materials. Five the child an assortment of materials, and ask him to short them and place them in the appropriate storage areas.

↓

Bring a selection of material into the room. One at a time, hold up each material, name it, and demonstrate its use. Once a child is able to name one material, introduce another, and another, until all are identified.

Source: Bender (1979) Disadvantaged Preschool Children.

The ABCs of Play Materials for Social Interaction

A: Accessible B: Be adaptable C: Cooperative
D: Designed for two E: Extra sensory

Accessible

How much of your assistance is required for each child in your care to use the toy?

Certainly, an infant, toddler, or child with motor difficulties may need assistance. But does nearly everyone who wants to play in, on, or with the toy need your help? Or is the toy designed for use by children with differing abilities? The teeter-totter with handlebars promotes more independent use than the one without, as does the teeter-totter that has enough weight on each seat so it will stay down long enough for children to get situated.

Be adaptable

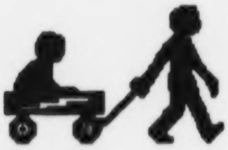
Does the toy provide play opportunities for children at different ability levels?

The fact that each child can do something playful with the toy is more important than the degree to which children achieve the toy's primary function. The water table can be a satisfying play experience for infants and toddlers at a purely sensory level; it can be equally interesting for three-year-olds who can imaginatively think of ways to use their increasing skills.

Modifications (such as placing one balance beam right on the floor next to a raised balance beam) can increase a toy's adaptability.

Cooperative

Does the toy's use require cooperation?



Cooperative toys actually require the help of another child—they're not simply large enough for several children to play on or near.

When a play material requires coordinated effort (such as a parachute or wagon), children may be stimulated to communicate their wishes or decide on the rules for playing in order to use the toy.

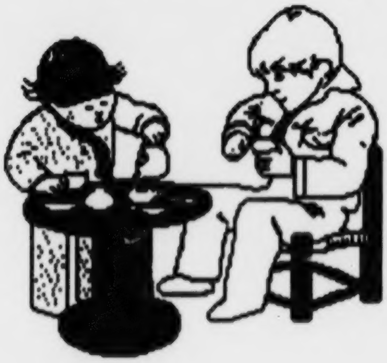
A child may sit in the wagon alone, but to go anywhere, another child must pull. With some children, you may need to encourage or suggest that they choose partners. After a period of such encouragement, these children may begin to search on their own for other children to play with.

The ABCs of Play Materials for Social Interaction

(continued)

Designed for two (or more)

Does the toy allow enough space or materials for several children to play together?



Materials designed for two or more children offer messages (both obvious and subtle) to the children that they can play together. Perhaps they have two seats (a two-seated tricycle) or a handle and a place to ride (a wagon) or two entrances (a tunnel or barrel).

Placing duplicates of individual materials in the same space can also give the message of "two-ness." A long scooter board will most likely be used by a lone child; several scooter boards together will not only prevent some disagreements but allow several children to play at the same time. Make sure there are enough blocks, paints, crayons, scoops, etc., for

Extra Sensory

Does the toy maximize visual, verbal, and physical contact?

Children should be close enough to see, hear, or touch each other. If they are face to face while playing with the toy, they are in a position to communicate with each other verbally as well as nonverbally (smiles, frowns or hand signals).

A toy which has enough room for two children in the same space—such as a wagon or tunnel—allows physical contact. The water/sand table positions children close enough together physically to increase the opportunity for watching each other's play, touching the same materials, or communicating about their play.

You can affect how well the play materials maximize contact by how you arrange the materials. One easel can be used by two children if there are two brushes, two palettes, and two pieces of paper. Or you can place two easels side by side with adequate materials.

Description of Social Interaction Play Materials

A: Accessible B: Be adaptable C: Cooperative
D: Designed for two E: Extra Sensory

Play Materials	Description of play material or alternative	ABCs	Modifications
Parachute	Sturdy, multicolored, high-strength, nylon/ canvas circle, 6'-12' in diameter. A large bed sheet serves same purpose. Used for movemen and cooperative, noncompetitive play.	**ABCDE**	A/B/C: attach handles or straps along edges to hold onto or slip over wrists; sit on floor or in chairs to play.
Pegs/peg board	Large board with 1" holes in which 25-100 multicolored pegs may be placed. Other sets of oversized play materials elicit similar interactive play. Used to practice fine motor skills, stack, match colors, make patterns.	**ABE**	A: place pegs/pegboard on floor. C: use fewer pegs or divide pegs into two or three containers. D: place pegboard on table surrounded by chairs. Or hang on wall, with pegs in 2 or 3 containers.
Rocking boat/steps	Rigidly constructed of wood or plastic, doubles as stairs/steps when inverted. Seats 2-4 children; measures 4' x 2'. Swing glider and teeter-totter are cooperative substitutes. a large, sturdy box cut to look like a boat and equipped with chairs or pillows closely approximates the intent if not the action of thi toy. Used to climb, rock, and act out dramatic play themes.	**BCDE**	A: push boat/steps against wall. B: use bolsters/wedges in boat for physical support.
Sand/water table	Sturdy table of varying heights with waterproof insert & built-in drain. Has wooden top/ cover to use as table top. Dishpans or acrylic shoe boxes are substitutes. Used for discovery, imaginative, and sensory play.	**ABCDE**	A: use steps/low stool; raise/lower table height. B: use rice, cornmeal, puffed wheat, beans, or soapy water. E: push against wall for 2 or 3 children so they must stand near each other.
Tumble Ball	Extra-large (16"-37" lightweight ball of thick vinyl plastic with nonslip surface, designed for rugged use. Punch ball or 48" beach ball are possible substitutes, though not as durable. Used to push, bounce, roll, lift, toss, and ride or hop on.	**ABE**	A/B: deflate ball slightly. D: group two or three balls together. E: suspend ball from ceiling or pole.
Wagon	Traditional toy of various heights, sizes, and materials, readily available at yard sales and toy stores. Untippable style has low center of gravity, guardrail to hold onto, and upright handle. Substitutes could be a stroller or pushcart—anything children push and pull and sit in or on. Used to get in and out and ride in, push and pull, fill and empty, and act out dramatic play.	**BCDE**	A: use steps or acquire low wagon. B: use adaptive chair or bolster; attach wagon handle to back of wheelchair, so wheelchair can pull wagon. D/E: acquire wagon large enough for two children in wagon bed.

Description of Social Interaction Materials in My Program

1. List the toys or materials.
2. Describe each one briefly. Include how it is used by children.
3. Using the ABCs of Play Materials for Social Interaction, list the features which make that particular play material useful for social Interaction.
4. Note additional modifications which will expand the material's use or capacity to meet the ABCs. You may want to consult with parents and/or professionals who are directly concerned with particular children in your program so that your modifications are practical and useful to specific children.

Play materials	Description	ABCs	Ideas or modification

CHECKLIST

INCLUDING THE SPECIAL NEEDS CHILD IN COMMUNITY CHILD CARE

DO BEFORE A CHILD WITH A HANDICAP IS ENROLLED:

- ☐ **Meet with child's parents.**
- ☐ **Give parents information booklet about your services**
- ☐ **Arrange for the child and parent to visit the center (one hour) while it is in session.**
- ☐ **Complete an intake form which pinpoints the child's developmental needs.**
- ☐ **If additional information needed, have parent sign release of confidential information.**
- ☐ **Meet with staff to elicit appropriate care commitment**
- ☐ **Determine if staff adequately prepared or seek training.**
- ☐ **Determine what resources are available to meet child's needs.**
- ☐ **Plan activities for non-handicapped children to increase awareness and acceptance of individual differences and handicapping conditions.**
- ☐ **Hold a parent meeting to include a discussion of the benefits of inclusion.**

DO AFTER THE CHILD WITH A HANDICAP IS ENROLLED:

☐ **Observe and assess the quality and degree of interaction between the handicapped child and his/her peers.**

☐ **Continue to promote acceptance of individual differences.**

☐ **Determine appropriate practices and objectives for the child.**

☐ **Discuss progress with center staff**

☐ **Utilize community resources to alleviate problems or obtain materials or adaptive equipment**

☐ **Set up times and methods to exchange information with the child's parents.**

III.H.8.

PARENT COMMUNICATION AND INVOLVEMENT

Self-Assessment for Child Care Centers

Few people would not agree that parents should be involved in all aspects of their children's lives, including their day at the child care center. But, what do we mean by parent involvement? How firmly do we believe in its importance? Our efforts to encourage it can vary, from the cooperative nursery where parents routinely volunteer time as caregivers or groundskeepers, to the preschool where parents drop their children off at a main desk and have no direct contact with caregivers except by appointment.

This simple self-assessment checklist has two purposes:

1. To help you uncover your own attitudes about parent involvement.
2. To help you identify your center's strengths and suggest ways to improve communication with parents.

DIRECTIONS:

For each ares of parent-center communication, rate your center with a 0, 1, or 2. Then, add up your overall score.

0 = Never done at our center.
1 = Done occasionally, 1-2 times a year, or for special events, or only for some age groups.
2 = Done routinely, as a matter of policy, frequently.

DIRECT CONTACT	Circle One		
Notes sent home with children several times a week	0	1	2
School work sent home with children.	0	1	2
Parents talk with child's caregiver daily.	0	1	2
Parents have direct contact with chid's own caregiver daily.	0	1	2

(Parent Communication & Involvement continued)

	Circle One		
Parents can drop in and visit child's classroom any time.	0	1	2
Parents can observe classroom through one-way mirrors.	0	1	2
Specific activities, such as song sheets or games, are sent home with children.	0	1	2

FORMAL CONTACT

Parents receive regularly scheduled "report cards" from the center.	0	1	2
Parent-teach conferences are scheduled by the school on a regular basis. (Score "0" if conferences available, by only if parent initiates)	0	1	2
Bulletin board with useful information prominently displayed, changed frequently.	0	1	2
Center has a Parent Advisory Board, or parents on the Board of Directors.	0	1	2
Center provides written information on policies, curriculum, and philosophy to parents routinely.	0	1	2

PARENT-TO-PARENT CONTACT

Each room has a "room parent" to help the teacher.	0	1	2
Lists of children in each class are available to parents. Center includes a release of information form in enrollment packet to facilitate this exchange.	0	1	2
Parents are encouraged to help with holiday parties, or to collect craft materials for the Center.	0	1	2
Center has in-room open house, where parents have an opportunity to meet each other.	0	1	2

(Parent Communication & Involvement continued)

	Circle One		
Center has mother's/father's days, or holiday parties where parents and children attend together.	0	1	2
Center has a meeting area where parents are actively encouraged to linger and talk at drop off and pickup times.	0	1	2

SERVICE TO PARENTS

Center provides developmental screening and/or referral information for children with physical or behavioral problems.	0	1	2
Center arranges for administration of prescription medications during the day.	0	1	2
Center provides seminars or training sessions for parents.	0	1	2
Center seeks (or cooperates with) outside professional help for children with developmental disabilities.	0	1	2

SCORING YOUR PARENT/CENTER PARTNERSHIP:

Total ____________

30-32	**You have an EXCELLENT partnership with parents.**
22-29	**Your partnership is very good. How can you improve it even more?**
16-21	**You are trying, but there is MUCH room for improvement.**
0-15	**You seriously need to communicate and involve parents at all levels.**

Release of Information Form

Release of Information

Date: ____________________

I, ____, GIVE MY PERMISSION for
(Parent/Guardian)

____ (agency)
____ (agency)
____ (agency)
____ (agency)

TO RELEASE THESE RECORDS ABOUT MY CHILD,

________ Medical/Dental
________ Educational, including teacher observations
________ Psychological Assessments
________ Educational, including IEP's, IFSP's, and HAB plans

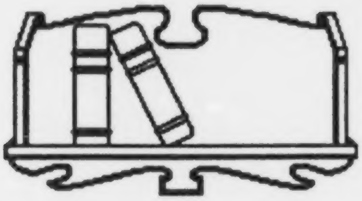
TO: ____
(Name of child care provider)

____
(Address of child care provider)

FOR THE PURPOSE OF: Facilitating or maintaining my child's placement in a mainstreaming child care center.

____ ____________
Parent/Guardian Signature Date

____ ____________
Child Care Provider Signature Date



BOOKS ABOUT HANDICAPPED CHILDREN

NOTE: The public libraries in Lee County have many good story books on their shelves about handicapped children. ***IMPACT*** also has books available for loan.

SOMEONE SPECIAL, JUST LIKE YOU, by Tricia Brown (Holt, Rinehart & Winston)

Depicts handicapped and non-handicapped children together. Rather than focusing on differences, the text talks about the many ways in which handicapped children are like non-handicapped children.

HOWIE HELPS HIMSELF, by Joan Fassler. This is a story about a boy with cerebral palsy.

ONE LITTLE GIRL, by Joan Fassler. The story tells about a child who is "slow" or developmentally delayed.

ANN JOINS IN, by Katrin Arnold. The little girl in this story, Ann, has cystic fibrosis.

LISA AND HER SOUNDLESS WORLD, by Edna Levine. Want children to understand what it is like to be hearing impaired. This is the book.

MY FRIEND LESLIE, by Maxine Rosenberg. The book address many of the questions and feelings that are likely to spring up when children meet a handicapped child for the first time.

THE RABBIT WITH EPILEPSY, by Deborah M. Moss. Delightful story about a rabbit who goes fishing with his Grandpa. The page-by-page illustrations are colorful and eye catching. Available from Woodbine House Special Needs Collection. 1-800-843-7323.

CHARLSIE'S CHUCKLE, by Clara W. Berkus. An adventurous seven-year-old boy with Down Syndrome becomes the local hero in his home town.

MY BROTHER MATTHEW, by Mary Thompson. Matthew is developmentally handicapped. This story is written from the perspective of his sibling.

MANDY, by Barbara D. Booth. Mandy is a very special deaf child. The book contains beautiful illustrations of Mandy and her grandmother.

HANDICAPPED AWARENESS

HAL'S PALS
Children love a show! The Hal's Pals dolls each represent a type of handicap. They talk to the children, telling them about their likes and dislikes and what they enjoy doing. Children in the audience are given an opportunity to ask questions of the dolls, and "meet Hal and his Pals" individually.

At the end of this interaction, each child is given a coloring book with pictures of handicapped children. The program takes approximately 20 minutes, making it suitable for ages 2 through 8 years.

KIDS ON THE BLOCK
These "kids" are actually puppets who have special needs. Puppeteers "speak" for the *KIDS* and demonstrate their abilities.

The dolls and puppets are part of IMPACT'S Handicapped Awareness Program. Call (813) 481-1114 for more information.

IV.H.3

Quality
KAPLAN
Classrooms

Early Intervention Classroom List

Designed For Classrooms That Focus On Special Needs

Page numbers refer to the NEW 1992-93 Kaplan School Supply Catalog

FINE MOTOR/COGNITIVE DEVELOPMENT

DESCRIPTION	COST
Skwish	17.95
Rock-a-Stack	4.95
Baby Hedgehogs	4.95
Shapes and Sound Box	14.95
Giant Building Beakers	16.95
Foam Color Blocks	8.95
First Puzzle	28.95
Nesting Beakers	7.95
Match-a-Balloon	13.50
Lottino	13.95
Manipulative Kit I	99.50
Circle Twists	13.50
Moli-Q's	17.95
Lasy Pre-K Activity Center	275.00
DUPLO Basic Set-Animals	37.50
Chunky Puzzle - Two Birds	18.00
Chunky Puzzle - Three Bears	18.00
First Easy Puzzle Set	29.95
Snap Pad	11.50
Buttons and Zipper	16.95
Threading Block	15.95
Geometric Shape Sorter	16.95
Touch and Tell	14.95
Sequential Sorting Box	29.95
Touch Labyrinth	29.95
Super Maze	42.95
Classifying Counters	12.95

DRAMATIC PLAY

Ethnic Dolls - 10 pack	99.95
Puppets - 5 pack	34.00
Set of Four Kitchen Units	454.00
Table Setting	12.95
Talk 'N Listen Play Phone	16.50
3-Way Mirror	135.00

MATH/SCIENCE

Bigger Beads and Laces	20.95
Sure-Grip Pegs & Pegboard Set	9.95
Magnetic Mosaic Set	12.95
Bears and Bowls	19.50
Rainbow Numbers	11.95
Square Fractions	9.95
Color Paddles	4.95
Weather Club Chart	29.95
Bug Catcher	4.50
My Very First Magnet Set	15.95
Mudpies to Magnets (book)	12.95
Survival Signes	19.95
Growth Chart	5.95

LANGUAGE

Chalk Paddles	19.95
Kidderoo	39.95
Teaching Pictures	49.95
Story Sequence Cards	12.95
Animal Soundtracks	10.95
Tactile Letter Blocks	48.95
Chalkmat	12.95
Active Learn Key Exper.Kit	299.00

BOOKS

The Brown Bear Who Wasn't	17.95
Story Stretchers - Set of 7	79.00
Problem-Solving Series	27.50
My First Look Book Set	18.95
Simple Science Set	12.95
Conversation Books	28.00

RECORDS / MUSIC

Accordion	15.95
Records - 10 Pack	99.00
15 Player Rhythm Band Set	32.00
Music Maker	48.00
Learning Basic Skills	10.75
Classroom Record Player	178.50

ART

Kaplan Kolors - 16 oz.	2.25
Double Easel	69.95
Splash Mat	3.95
Art Apron	3.50
Washable Paint	4.25
Washable Finger Paint	3.50
Sponge-its	2.50
Snip Loop Scissors	4.95
Safety Scissors	.95
Granny's Dabblin' Dough	8.75
Kaplan Creativity Kit	45.50

SAND & WATER PLAY

Sand Kitchen	15.95
Geo-Shapes (5)	7.50
Sand Sifter Set	18.95
Discovery Table	240.00
Sift & Shout (book)	8.95
Sift & Shout Kit W/o book	57.50
Waterworks Play Kit W/book	49.00

GROSS MOTOR/OUTDOOR

Bye Bye Baby Buggy	499.95
Soft Balls	16.95
Junior Snap Wall Set	104.00
Wonder Blocks	42.50
Color Bright Blocks	90.00
Cardboard Blocks	19.50
Drive "N Learn	99.00
Rocky Boat	129.00
Balance Board Set	109.00
Bag-O-Balls	24.95
Crossing Mid-Line Rug	34.50
Gross Motor Kit	189.00
Giant Double Towers	29.00

ADAPTIVE EQUIPMENT ALTERNATIVES FOR THE CHILD CARE SETTING

WHAT IS ADAPTIVE EQUIPMENT? Child care providers who are unaccustomed to caring for children with motor impairments often wonder about the special needs of such children. Of particular concern are the various pieces of equipment which are frequently associated with people who have disabilities.

Special equipment required to improve the functional independence of a child with a physical disability may, at first, seem threatening and complex. A basic understanding of the purposes for and uses of the adaptive equipment can ease the fears of those who are interested in caring for children with motor impairments.

Adaptive equipment is any device or object which helps a child overcome physical limitations and facilitates increased independence. This kind of assistance helps a child control her body and use it more effectively. Thus the child is enabled to progress developmentally and become more independent than might otherwise be possible. The result is an increase in self-esteem and the reduction of some of the physical burden of caring for a child with a physical disability.

Some pieces of adaptive equipment are designed for very specific tasks, such as a specially designed spoon which allows a child to eat independently.

Often a piece of adaptive equipment is needed only **temporarily**. For instance, one child may need the support of a small roll under the chest while learning to push up on elbows with his head. When this task is mastered the child will no longer need the roll and can move on to the next developmental task.

Adaptive equipment **CAN** be expensive, but it can also be made at home using simple household items or inexpensive, readily available materials.

CHOOSING ADAPTIVE EQUIPMENT. Decisions regarding appropriate adaptive equipment for a child should be **group decisions**, made with input from family members, therapists, early intervention specialists, and child care providers. Anyone who spends time with the child should be consulted, particularly regarding major purchases which will be used in a variety of settings.

Various devices can be used to position a child in such a way as to normalize abnormal muscle tone and reflexes and/or improve control of the body. These may include therapy bolsters, wedges, and rolls, or specially designed furniture such as adaptive chairs.

Household items such as pillows, sofa cushions, and rolled-up towels or blankets can often be used for positioning children, and simple items such as beanbags and rolls may be easily and inexpensively constructed at home.

Some children may be unable to speak because of poor control of the muscles used for talking. Instead, they may use various forms of adaptive equipment to communicate. These can be as **simple as pictures** of symbols which are pointed to by the child, **or as complex as computer-assisted devices** with synthesized voices. Communication devices should be chosen with the help of a speech/language pathologist.

SOURCES OF ADAPTIVE EQUIPMENT. Funding for and sources of adaptive equipment will vary depending on individual situations. Insurance or medicaid may pay for some. Charitable organizations, such as the Kiwanis Club will often pick up the tab. There are hundreds of foundations across the State and Country which also specialize in helping handicapped children.

Companies which specialize in rehabilitation supplies will have adaptive equipment. Small items, such as modified eating utensils are often made by therapists, teachers or family members.

MAKING SIMPLE ADAPTIVE EQUIPMENT. **The creative use of common or homemade objects for adaptive equipment is often worth considering as an option to expensive, commercially available products.** For example, a child may need assistance to maintain a good sitting position in a highchair without falling to the side, or require support under the chest in order to hold up her head. **Experiment with your hands,** giving the child various amounts and kinds of support until you have an idea of what is necessary. Then you will be ready to experiment with the environment to meet the child's needs.

Try **temporary substitutes** to make sure that your idea will work. Construct small rolls - from towels, or even washcloths for very small children. When the correct size is found for your purpose, secure the roll with masking tape or elastic bands, and then try it out with the child for a while.

You can also use these towel rolls as models for longer-lasting ones, made of foam rubber and covered with fabric, plastic, or vinyl. Use carpet tubing or rolls from wrapping paper or paper towels as a firm core, roll foam padding around the tubing to achieve the desired diameter. Cover the roll with plastic or vinyl for a washable, sanitary item.

A creative eye might reveal unusual uses for common items:

- **Some families improvise a wedge, using a cushion tilted at an angle on the arm of a sofa.**
- **Laundry baskets can be adapted as sitting devices.**
- **Cardboard cartons can sometimes be used as supportive "corner chairs" and as play surfaces when cut into correct shapes and covered with self-adhesive, water-resistant paper.**

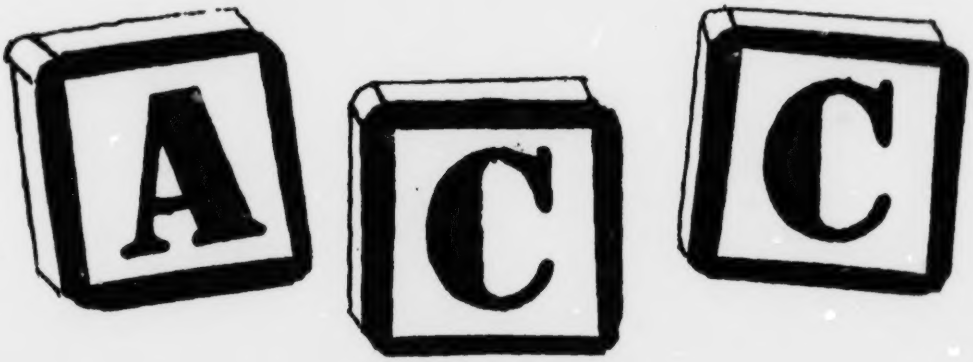
One baby with mild cerebral palsy was placed in a side-lying position using an oversized stuffed animal for support - the brainstorm of an innovative child care provider!

When purchasing baby equipment, **investigate all the options** for adjustability and multiple use. The initial investment may be more, but, in the long run, an adaptable piece of equipment will be more practical than a very basic item. For example, some highchairs have adjustable trays and footrests, reclining backs and side head supports for young babies. Those features can make a highchair easier to adapt for an older baby or toddler with delayed motor skills.

COMMUNITY SUPPORT GROUPS

Childcare of Southwest Florida	278-1002
Care Givers Education and Support Group	334-5949
C.H.A.D.D. (Children with Attention Deficit Disorders)	458-1302 997-4373
Child Protection Team	939-2808
Deaf Services Center	936-3358
Down Syndrome Association of SoWest Fl	278-3938
Easter Seal START Program - Early Intervention	939-2770
Exceptional Student Education	334-1102
FDLRS (Florida Diagnostic and Learning Resources System)	337-8363
HANDS (Referal System; Voice or TDD)	334-3992
Impact for Developmental Disabilities, Inc	275-3900
Kiwanis Club of Lehigh Acres	369-6336
Knights of Columbus	936-7874
Lee County Association for Retarded Citizens	334-6285
Lee County Talking Books	995-2665
Lee Mental Health - Children's Services	332-9501
LICC (Local Interagency Community Collaboration)	275-9541
March of Dimes Defects Foundation	433-3463
Spina Bifida Association of SoWest Florida	542-3001
Volunteer Action Center	433-5301

A SKILLS CHECKLIST FOR PROVIDERS OF INTEGRATED CHILD CARE



PROJECT A.C.C.E.P.T. TECHNICAL ASSISTANCE PROGRAM

"Enabling Child Care Providers to Offer Developmentally Appropriate Preschool Programs that will Successfully Integrate Children with and without Special Needs."

Source: INTEGRATING CHILD CARE, Meeting the challenge, Communication Skill Builders, Inc.

DIRECTIONS FOR THE SKILLS CHECKLIST

The information you record on the checklist will be used to target your individual needs as part of the workshop follow-up. It is important that your interests and abilities are honestly reflected. Feel free to write comments, questions, or notes to yourself throughout the checklist. This is your opportunity to map out a plan for the development of integrated services.

Place a check beside each statement that accurately describes a skill you already have and do not feel that you need additional information about. Always keep in mind your ability to use the skill when a child with a disability is participating.

If no children with disabilities are currently enrolled in your program, consider whether or not you know how to do what is described. You should be able to check some statements as a result of the training received in the workshop (s) just concluding.

At the bottom of each page, record the total number of items checked in that topic area and write any additional comments.

At the end of the checklist are two charts: the SKILLS SUMMARY and the SKILLS PROFILE. Use these charts to compile the results from the Skills Checklist.

Once you have identified the areas of integrated child care you would like to learn more about, ***PROJECT A.C.C.E.P.T.*** will help you reach your goal.

Developing Integrated Programs

__________ 1. I can identify adaptations in my center/home that will be necessary to serve a child with a disability.

__________ 2. I can describe the positive impact that caring for children with disabilities has on my program.

__________ 3. I can anticipate and answer questions families have about how integration will affect them and their children.

__________ 4. I know what individuals and agencies provide early intervention services in my community.

__________ 5. I can describe how integrated child care fits into the other community services a child with a disability may be receiving.

__________ 6. I know the child care providers in my community who provide care for children with disabilities.

__________ 7. I take advantage of children's developmental strengths to include them in daily activities and routines.

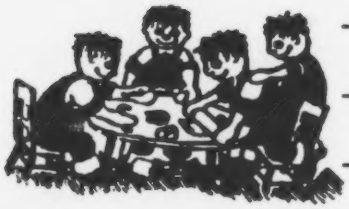
__________ 8. I recognize children's developmental needs or delays.

__________ 9. I answer children's questions about disabilities simply and honestly.

__________ 10. I feel prepared to cope with the emotional impact of caring for a child who is chronically or terminally ill.

Total number checked ______________________________

Comments ______________________________



Meeting Individual Needs

_______ 1. I can help children with disabilities learn to manage their own behavior.

_______ 2. I know how to modify the child care setting so that children (including children with physical impairments) are encouraged to develop and grow physically.

_______ 3. I can design play activities that recognize the developmental stages and needs of children with differing abilities.

_______ 4. I know how to adapt my daily routine and activities to allow each child to participate to the fullest extent of his or her abilities.

_______ 5. I know how to handle and position children with physical disabilities to enhance their development and allow them to participate in my program.

_______ 6. I know how to help children who need extra help to lean a particular skill.

_______ 7. I can plan group activities that address each child's developmental needs.

_______ 8. I know how to take advantage of play times and caregiving routines to promote communication skills for children with communication delays.

_______ 9. I can develop and use a plan to manage inappropriate behavior.

_______ 10. I know how to observe changes in children's developmental progress.

Total number checked _______________________

Comments _______________________

Adapting the Physical Environment

__________ 1. I know how to arrange my child care environment to encourage children with disabilities to play independently without directions from me.

__________ 2. I can arrange my child care environment to allow children with various disabilities to fully explore play materials.

__________ 3. I am able to arrange my child care environment to provide the opportunity for children to practice skills using a variety of materials, even when the child has a disability.

__________ 4. I know how to arrange my child care environment to provide enough challenge to encourage children to build on their existing skills and use them in new ways, no matter what their skills may be.

__________ 5. I provide materials that integrate children of all developmental levels in each play area (such as block area, dramatic play area, housekeeping area).

__________ 6. I know how to make play areas and play materials accessible to children with physical disabilities.

__________ 7. I know how to select and arrange toys, equipment, and play materials to encourage social interaction among children, even when children have disabilities.

__________ 8. I know how to use small group activities to promote skills in social interaction, play, communication, cognitive skills, and motor skills.

__________ 9. I can arrange the child care environment to encourage children with disabilities to engage in play that is creative, original, different, and even sometimes silly (but important to the child).

__________ 10. I know a number of low-cost alternatives for adaptive equipment used by children with physical disabilities.

Total number checked ______________________________

Comments ______________________________

____

____

____

____

Managing Health and Safety

__________ 1. I have and use an emergency exit plan that accommodates the special needs of children with physical, visual, or hearing impairments.

__________ 2. I have a medical emergency card on file for each child. The card includes enough detail to allow me to meet the medical needs of children who are chronically ill or medically fragile.

__________ 3. I am familiar with adaptive equipment for children (such as hearing aids, wheelchairs, splints).

__________ 4. I can recognize and manage seizures in young children.

__________ 5. I administer medication according to instructions and with consent from the parent.

__________ 6. I have a plan for disinfecting toys and play materials daily.

__________ 7. I choose toys which are safe for children with differing developmental abilities.

__________ 8. I have a daily child health check that is appropriate for children with disabilities.

__________ 9. I have a current CPR certification, which includes CPR for infants and young children.

__________ 10. I have had training, within the last 3 years, in first aid practices for young children.

Total number checked______________________________

Comments______________________________

____

____

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____

____

Involving Parents and Families

__________ 1. I communicate regularly with parents about their children's strengths, needs, and development.

__________ 2. I know how to help parents match their needs and priorities for child care with the strengths of my program.

__________ 3. I know how to acquire important information and training from parents of children with disabilities prior to, as well as during, their child's enrollment in my program.

__________ 4. I know how to help parents understand the reasons for integrating children of all developmental levels in the child care setting.

__________ 5. I maintain confidentiality in my relationships with parents. (In other words, I share sensitive information about a child with other people only with the parents' permission).

__________ 6. I use parents to help in child care (for example, as volunteers at mealtimes or to donate or make equipment).

__________ 7. I am sensitive to the impact of a child with disabilities on the child's entire family.

__________ 8. I seek regular feedback from parents regarding their expectations and suggestions for their children in my program.

__________ 9. I know how to support parents/families as they learn to cope with the emotional impact of having a child who is chronically ill or medically fragile.

__________ 10. I know how and where to refer families who have concerns about their child's development.

Total number checked ______________________________

Comments ______________________________

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____

Encouraging Community Coordination

__________ 1. I communicate regularly with other professionals and agencies who are working with children in my care, including:
- early intervention specialists
- psychologists
- medical personnel (such as ear, nose, and throat specialists, audiologists, orthodontists, pediatricians)
- respite care providers
- social programs (WIC, general assistance, women's and children's shelter)
- therapists (occupational, physical, speech-language pathologists)
- community health care (well-baby clinic and community health nurse)

__________ 2. I maintain confidentiality by asking other professionals for verbal or written information about a specific child only after obtaining written permission from parents.

__________ 3. I maintain confidentiality by giving other professionals information about a specific child or family only after obtaining written permission from parents.

__________ 4. I meet regularly with other providers and/or professionals in my community to share skills and expertise.

__________ 5. I have information that describes the disabilities of children in my program.

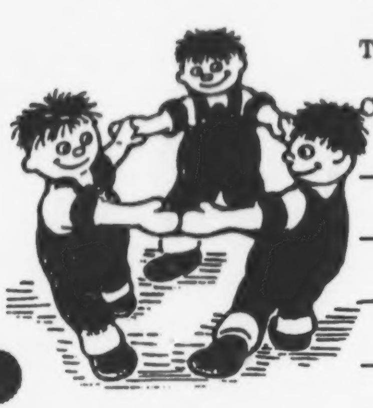
__________ 6. I collect materials about resources available to children with disabilities in my community.

__________ 7. I use books and professional publications to find out more about the needs of children with disabilities.

__________ 8. I have a process in place for requesting information from child and family service agencies about children in my care who use their facilities.

__________ 9. I know what an Individualized Family Support Plan is and how it is developed.

__________ 10. I have a copy of the Individualized Family Service Plan for each child with a disability in my program.



Total number checked ______________________________

Comments ______________________________

____

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____

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____

Managing an Integrated Program

__________ 1. I use a curriculum that is appropriate to the developmental needs and interests of all children, including those with\disabilities.

__________ 2. I adjust my staffing patterns (or request an adjustment) when necessary to accommodate the needs of children with disabilities.

__________ 3. I use (or my program has) an intake and enrollment process that gives me enough information to make necessary modifications in my program to prepare for children with disabilities.

__________ 4. I use (or my program has) a procedure (such as a waiting list) for tracking requests for child care.

__________ 5. I read materials and use resources related to providing child care for children with disabilities.

__________ 6. I use (or my program has) volunteers to help in my child care program.

__________ 7. I plan activities that will help a child reach his or her developmental goals and objectives, as outlined by early intervention specialists and therapists.

__________ 8. I have (or my program has) a clear policy on child care fees for families of children with disabilities.

__________ 9. I know how to use household items to make adaptive play materials or equipment.

__________ 10. I take advantage of training opportunities (workshops and conferences) to improve my ability to integrate children with disabilities into each aspect of my program.

Total number checked ______________________________

Comments ______________________________

____

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____

SKILLS SUMMARY

Name: ______________________________ Date: ____________________

Child Care Center: ______________________ Phone ____________________

Circle the number that corresponds to each statement checked on the Skills checklist. Count the number of circles in each topic area and enter the number in the TOTAL column.

Topic Area	**Each Item Checked**										**Total**
1. Integrated child care	1	2	3	4	5	6	7	8	9	10	
2. Individual needs	1	2	3	4	5	6	7	8	9	10	
3. Physical environment	1	2	3	4	5	6	7	8	9	10	
4. Health and safety	1	2	3	4	5	6	7	8	9	10	
5. Parents and families	1	2	3	4	5	6	7	8	9	10	
6. Community coordination	1	2	3	4	5	6	7	8	9	10	
7. Management	1	2	3	4	5	6	7	8	9	10	

SKILLS PROFILE

Using the numbers in the TOTAL column on Page _____, circle the corresponding number in each topic area (below). Connect the circles with straight lines to create a profile of your needs and areas of strength.

The areas with the higher profile are the areas of strength. The areas with the lower profiles are the areas to emphasize in training.

Be sure to take your personal interests into account in addition to this profile of strengths and training needs. This may mean that you initially choose training in an area of strength in order to enhance abilities you already possess.

Integrated child care	Individual needs	Physical environment	Health and safety	Parents and families	Community coordination	Management
10	10	10	10	10	10	10
9	9	9	9	9	9	9
8	8	8	8	8	8	8
7	7	7	7	7	7	7
6	6	6	6	6	6	6
5	5	5	5	5	5	5
4	4	4	4	4	4	4
3	3	3	3	3	3	3
2	2	2	2	2	2	2
1	1	1	1	1	1	1

Name: ____

Child Care Center: ______________________________________

A PROCESS FOR

INCLUDING HANDICAPPED AND NON-HANDICAPPED CHILDREN

IN CHILD CARE SERVICES

The *AMERICANS WITH DISABILITIES ACT of 1992* was designed to prohibit discrimination based on disability. The ADA states that child care centers must make reasonable modifications in policies, practices, and procedures in order to accommodate individuals with disabilities.

The goal of ***Project A.C.C.E.P.T.*** is to provide a process for this to happen. The Project has identified eight steps which child care owners, operators, and managers can take to create the changes needed and assure a smooth transition to integrated, quality care for all children. These steps are:

STEP ONE: MAKE A COMMITMENT. This commitment must include members of the staff as well as those who make decisions regarding enrollment.

You have already taken the first step by signing the commitment agreement. You are on your way toward compliance with ADA.

Q. What other commitments will you need to make in order to insure a successful process?

STEP TWO: PARTICIPATE IN AN 8-HOUR WORKSHOP. The workshop focuses on key questions and concerns for child care decision-makers and how they can meet the requirements of the *AMERICANS WITH DISABILITIES ACT*.

Your presence here completes this step. You will want to consider how to prepare your staff.
Q. What can you do to provide leadership to your staff to prepare them for the inclusion of the special need child?

STEP THREE: OBSERVE INTEGRATED CHILD CARE PROGRAMS. Alist of model child care facilities will be available to you.
Q. How will you carry out this step? When? Who will be involved besides yourself?

STEP FOUR: ENGAGE IN A SELF-EVALUATION. The 60-item instrument used for this purpose combines the components of quality care for non-handicapped children with components focusing on special need children.

Any evaluation should include your staff. Parents can also be involved.
Q. What arrangements will you make for this evaluation to occur in your center?

STEP FIVE: ACCEPT TECHNICAL ASSISTANCE. A mentoring service is provided to caregivers, enabling integration to take place by focusing on appropriate practices and "readily achieveable" (ADA) modifications.

You have already completed the SKILLS CHECKLIST. This profile identifies center strengths and areas where technical, on-site consultation may be needed.
Q. What questions do you have concerning this step and how it will be implemented?

STEP SIX: ARRANGE FOR AN OBJECTIVE EVALUATION. Using the same instrument as the self-evaluation, **the PROJECT A.C.C.E.P.T.** coordinator will observe and provide an assessment regarding the quality of care in your home or center.

The indicators of quality care shown on the evaluation instrument are observed and documented in the same way you did the self-evaluation. The two evaluations will provide different viewpoints as well as consensus.
Q. What questions do you have concerning this step and how it will be implemented?

STEP SEVEN: BECOME A CERTIFIED CENTER. An ad-hoc committee of professionals in early childhood and special education will review the evaluations and validate that accommodations have been made for children with disabilities.

The impartial committee studies both evaluations and determines if 80% or more of the items have been met. This step "validates" the information gathered by the owner/director and the objective evaluator.
Q. What are your concerns about this step?

STEP EIGHT: AGREE TO PUBLICIZE THE CENTER AS ONE WHICH OPERATES ON THE PRINCIPLE OF INCLUSION. This step assures ADA compliance and appropriate child care options for parents of children with disabilities.

The computerized referral system operated by Child Care of Southwest Florida is a good starting point.
Q. What other ways would you make it known that you are capable and willing to include the special need child in your child care center?

Process for Providing Quality Child Care for Handicapped and Non-Handicapped Infants, Toddlers, and Preschoolers

Harriet F. Reece, Ph.D.
Coordinator, Project A.C.C.E.P.T
IMPACT, Inc.

INCLUDING SPECIAL NEEDS CHILDREN IN CHILD CARE ENVIRONMENTS

A MANUAL TO ENABLE CHILD CARE DECISION-MAKERS TO OFFER DEVELOPMENTALLY APPROPRIATE PRESCHOOL PROGRAMS FOR CHILDREN WITH AND WITHOUT SPECIAL NEEDS

■ ■ ■ ■ ■ ■ ■ ■ ■ ■

PROJECT A.C.C.E.P.T.

Harriet F. Reece, Ph.D.
Coordinator
1992 - 1994

IMPACT, INC.
6290 Corporate Court
Fort Myers, Fl 33919
813-481-1114

Funded by an Early Childhood Grant through the Office of Children, Youth and Families, Health and Rehabilitative Services, Tallahassee, Florida

FDC HANDOUTS

MODULE I.(F)

- **H.1** **FDC** Provider Questionnaire
- **H.2** Q. & A. Child Care and the ADA
- **H.3** The Advantages of Having Children with Special Needs in Your Home
- **H.4** Dick, Diedra, and Bobbie
- **H.5** Profile of a Child Who May Need Family Home Care
- **H.6** Alike and Different

MODULE II.(F)

- **H.1** Furniture Cut-Outs
- **H. 2** The Accessible Child Care Environment
- **H. 3** Family Child Care Health and Safety Checklist
- **H. 4** Plan of Action
- **H. 5** The Sick Child

MODULE III.(F)

- **H.1** Skills Inventory for Family Day Caregivers
- **H.2** Who We Are/Who We Serve

MODULE IV.(F)

- **H.1** Do Something For Yourself
- **H.2** Intake Form
- **H.3** Expectations
- **H.4** So What's New In Your House?
- **H.5** **IMPACT** Toy Lending Library
- **H.6** **KIDS ON THE BLOCK** Program

I.(F) H.1

FAMILY DAY CARE PROVIDERS

QUESTIONNAIRE

1. Have you ever worked with or known children with special needs?

☐ Yes ☐ No If 'yes', then...

Check the relationship which best describes where/how you know them:

☐ working in day care ☐ working in a public school

☐ working in a preschool ☐ neighborhood child

☐ friend's child ☐ family member ☐ other

2. Please check how much **TIME** a child with special needs requires from a caregiver in comparison with a typical child during the following activities:

Naptime A lot more ☐ somewhat more ☐ about same ☐ somewhat less ☐ a lot less

Toileting A lot more ☐ somewhat more ☐ about same ☐ somewhat less ☐ a lot less

Outside play A lot more ☐ somewhat more ☐ about same ☐ somewhat less ☐ a lot less.

Inside activity A lot more ☐ somewhat more ☐ about same ☐ somewhat less ☐ a lot less

Holding A lot more ☐ somewhat more ☐ about same ☐ somewhat less ☐ a lot less

3. Which phrase best completes the following sentences?
a. a lot more b. somewhat more c. about the same d. somewhat less
e. a lot less

In comparison to typical children, children with special needs have ______ inappropriate behaviors.

Typical children learn negative behaviors ________ from children with special needs than from other typical children.

Play between children with special needs and typical children occurs ______ often than play betweeen typical children.

Children with special needs require _____ work (meetings, reports, planning, etc) than typical children.

In comparision to typical children, in a family home children with special needs require _______ structure.

In general, working with parents of children with special needs is _______ different than working with parents of typical children.

4. Working with children with special needs in your home will ______ your skills as a day care provider.

a. greatly increase b. somewhat increase c. have no effect on

5. Please write any additional comments. You might want to explain WHY you selected certain answers.

The advantages of having children with special needs in your family day care home

There are many advantages to having children with special needs in your home. Research has shown that many environments that include children with special needs alongside with other children are effective and positive. Not only does the child with special needs benefit but you and the other children do too. The following lists some of these benefits.

- You, as a provider, gain through growth and self improvement, learning new skills and ideas and the satisfaction of assisting a child with a disability achieve his potential !
- An important benefit is that both the special child and the other children gain in such an environment. Their positive self-concepts are greatly enhanced.
- Children learn more readily to accept differences.
- Qualities of cooperation and helping tend to be encouraged in such an environment.
- Strengths are nourished more readily than weaknesses.
- Parents benefit from seeing their child succeed with non-handicapped children.
- The child with special needs gains because he/she has more of an opportunity to develop his/her normal skills.
- Other parents as well as the community may benefit by becoming, through time, more aware and accepting of differences.

DICK, DIEDRA, and BOBBIE

DICK is a lovable two year old boy. He loves to play outside, climbing and sliding down the sliding board. He enjoys dancing when he hears music and smiles from ear to ear when he gets to finger paint. Dick has a very small vocabulary of about 3 words. When he wants to say no, he just shakes his head or when he wants something he uses gestures to express himself. He is not completely toilet trained and has frequent accidents.

DIEDRA babbles happily and even says "da—da". At 8 months she cannot sit without someone helping her. The movements of her legs and arms are very floppy. She is very alert to what is going on around her, and enjoys being with children who are older.

BOBBIE loves to play but it is hard for him to concentrate on any activity for more than a few minutes. He loves to hug adults, but with children he hits or bites them often. He angers easily. At lunch, he enjoys setting the table and he likes to tell stories about what he does at home to help his mom who is partially disabled.

ALIKE AND DIFFERENT

Look at the things special need children **CAN** do instead of what they can't do. Give them a chance to be the best at something. Some children cannot talk very well, but they can draw beautiful pictures. Still others can't draw, but they can run faster than anyone else. Remind children that it is okay to be different and encourage them to help one another.

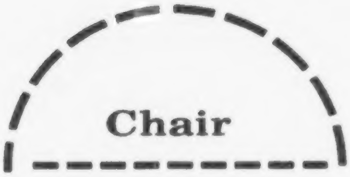
KIDS ARE KIDS, with or without handicaps. All children need rules to follow and little jobs to do. It helps them feel needed and important. Encourage all children in your care to step out and try new things. Give them chances to set the table or clean up the floor, and expect them to do it. Set limits and expectations for all children .... even children with special needs.

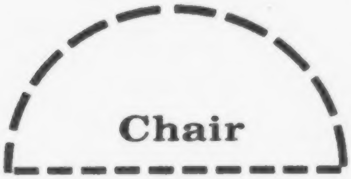
Give kids lots of praise, Every child needs to know that what he is doing is not only okay, but special. Handicapped children may take a little extra time to do something, but that doesn't mean thay can't do it.

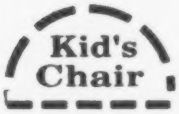
You see, most handicapped children are not very different from the other children in your home. They like to play, run, jump, look at books. Handicapped children learn in much the same way as other children. They want and need your special love just as much as every other child in your home.

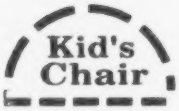
As these children experience new things and begin to be successful, they slowly learn to feel good about themselves. Your day care home can be a great place for a handicapped child to grow, learn and be accepted.

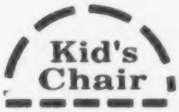
FURNITURE CUTOUTS

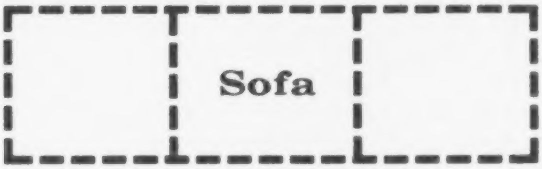


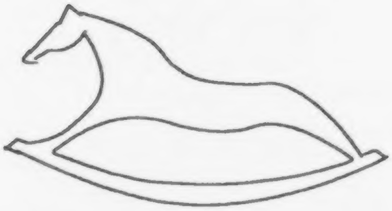




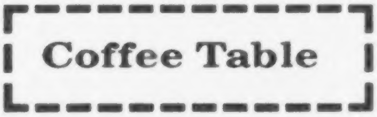


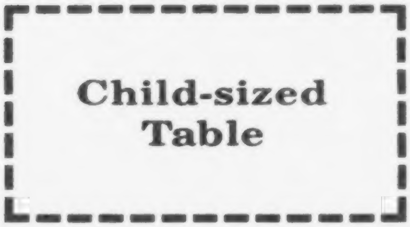


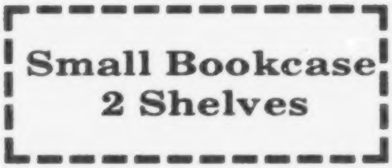


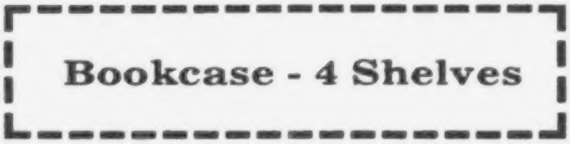


Rocking Horse


Coffee Table


Child-sized
Table


Small Bookcase
2 Shelves


Bookcase - 4 Shelves

++ THE ACCESSIBLE CHILD CARE ENVIRONMENT

To be truly accessible for children, the environment must be child-centered as well as barrier-free. An environment that is child-centered includes modifications that enable children to fully and playfully explore their surroundings. The enviornment should send a welcoming message to the child.

Many times the modification is very simple. You may decide to purchase a different kind of hook so each child can hang up his extra clothes, or outdoor jacket.

One capable little girl with Down Syndrome was enrolled in an FDC and the caregiver observed that she had a hard time eating with a spoon. The caregiver tried several different bowls and spoons and eventually found one that was easier for the child to use.

So, accessible means more than ramps and architectural changes. It means promoting independence by changing little things, like finding the right spoon. The goal is provide a personalized environment for each child.

THE SICK CHILD

DIRECTIONS: Read this story about Terry. Think about the two questions that follow.

Terry was thirteen months old when he came to my Family Day Care Home. He was born with medical problems and had to stay in the hospital for the first 3 1/2 months of his life. He frequently has to return to the hospital, even now, for tests and observation.

Since he had spent so much time in the hospital when he ws first born, he did not have the learning experiences most children have at that age. His parents told me Terry was 3 to 5 months behind in some areas of his development but they hoped he would learn many things he had missed by being with other children.

Terry's parents wanted to be sure I could handle his medical needs. They told me he had a severe respiratory problem and that dust often aggravated his condition. Any dampness in the home would also affect his breathing. They also said he tired easily and needed to rest more than other children.

1. *Would you* **accept** this child into your day care home? Explain why or why not?

2. If *you said* **yes**, what changes or modifications would you make to your home or in the care you give this child?

SKILLS INVENTORY FOR FAMILY DAY CARE GIVERS

THIS INVENTORY WILL BE USED TO HELP YOU DEVELOP SKILL IN CARING FOR A CHILD WITH A DISABILITY.

DIRECTIONS: CHECK ( ) those statements who feel skilled at doing. **LEAVE BLANK** any that you **NEED TO LEARN** or **MAY WANT ASSISTANCE WITH.** Use the **COMMENTS** section to explain any answers you wish.

BASIC KNOWLEDGE AND ATTITUDES

____1. I am familiar with major areas of child development.

____2. I understand various handicapping conditions and howthe condition affects child development.

____3. I know how to make a child (typical or handicapped) welcome.

____4. I know how to find emergency help by phone.

____5. I have a current **CPR** certification, including **CPR** for infants and young children.

____6. I know what individuals and agencies in the community provide early interventions services.

____7. I demonstrate enthusiasm when working with children and families, including special need children.

____8. I demonstrate confidence and composure in caring for the children in my home, including children with disabilities.

COMMENTS ____

____

____

____

HOME CARE MANAGEMENT

____1. I have and use an emergency exit plan that accommodates the special need child.

____2. I can administer medication according to instructions, with consent of parents.

____3. I have a plan for disinfecting toys and play materials on a regular schedule.

____4. I have a daily child health check that is appropriate for children who may have chronic illnesses or other problems.

____5. I have and use the medical information on file for each child.

____6. I know how to clearly state my policies on child care, including statements of non-discrimination.

____7. I use an enrollment process that gives me enough information to modify my home care for each child, including children with special need.

____8. I can recognize and manage seizures in youg children.

COMMENTS____

____

____

PHYSICAL ENVIRONMENT

I know how to arrange my home care environment to meet the needs of all children, including the child with a physical handicap.

____2. I know how to furnish my home to make all of the children in my care comfortable.

____3. I can prepare nourshing meals/snacks which meet individual needs, including the child with special dietary requirements.

____4. I know how to maintain safety in each room of my house, including the kitchen, bathroom, living room, family room.

____5. I know how to maintain safety in my yard or wherever my children play outdoors.

6. I know how to provide a germ-free environment, including special techniques

special techniques when children become sick

7. I know how to check my home for structual repair needs.

8. I understand how to eliminate architectural barriers keeping me from caring for a child with a disability.

COMMENTS ____

____

____

INDIVIDUALIZING

____1. I can adapt my teaching/caring to each child's needs, including children with special needs.

____2. I can select appropriate reinforcers for each child.

____3. I know how to handle and position children with physical disabilities.

____4. I can design play activities that are not only age appropriate but also developmentally appropriate.

____5. I know how to modify the child care setting for children who are physically handicapped or vision impaired.

____6. I can help children appreciate differences (culture, handicaps, sex, race)
____7. I know how to soothe and comfort children as well as how to control aggressive and out-of-control children.

____8. I know how to select toys, equipment, and play materials suitable for children with special need.

COMMENTS____

____

____

PARENTS/COMMUNITY

____ 1. I can communicate with parents about their children's strengths, needs, and development.

____ 2. I am sensitive to the impact of a child with disabilties on the entire family, including siblings.

____ 3. I know how to support parents/families as they cope with children who are disabled.

____ 4. I understand confidentiality and maintain it at all times with each child in my care.

____ 5. I know how and where to refer families who have concerns about their child's development.

____ 6. I know how to maintain valuable links to the community through local/state organizations.

____ 7. I understand the role of other professionals who work with special need children (therapists, specialists, audiologists, etc.)

COMMENTS: ____

____

____

____

WHO WE ARE/ WHO WE SERVE

This activity is designed to help you learn how to plan for working with a special needs child in your family day care home. Your experiences ***DO*** count, as do the skills you already have and your ability to understand children.

❑ ❑ ❑ ❑ ❑

THINK OF ONE OF YOUR MOST SUCCESSFUL CARE ACTIVITIES. It may have been a special outing (a trip to a museum), or something you made for the children (a shape board). Now, think through that activity once more but this time, imagine you have a special needs child in your group. Write down the handicapping condition of your "pretend" child. (if you want to use a real child you have worked with, please do so).

THE ACTIVITY: ______________________________

THE HANDICAPPING CONDITIONS OF THE CHILD: (Be specific)

____

____

OUTLINE THE ACTIVITY (including changes or modifications you would make to accommodate the special need child)

____

____

____

____

____

____

____

IDENTIFY THE SKILLS YOU WOULD NEED TO MAKE THIS A SUCCESSFUL ACTIVITY

____

____

____

____

DO SOMETHING FOR YOURSELF

IN ORDER TO MAKE YOUR PLANNING AN EASIER JOB, YOU MIGHT WANT TO START BY ASKING PARENTS SOME OF THESE QUESTIONS. You should consider those questions which seem relevant for an individual child, depending on his/her age.

Make notes in the right hand column as you speak to the parent(s)

EATING

NOTES

Does the child need to eat special foods?
Can the child feed himself?
Can the child use a knife, fork or spoon?
Does he need adapted eating utensils?
What does he like to eat?

WASHING AND DRESSING

Can the child dress herself?
Can the child wash her face and hands?
If not, how much help does she need?

TOILET TRAINING

Is the child toilet trained?
Can he tell you when he has to go to the bathroom?
Does he wet the bed or have accidents during the day?

COMMUNICATION

Can the child talk?
HOW does she communicate?
Does she know her name?

DIRECTIONS/COGNITION

Does the child follow directions?
Can he recognize common dangers?
Does he avoid common dangers?
How closely must he be watched?

PHYSICAL ABILITY

Can the child sit, crawl, walk, run?
Can she hold things in her hands?

INTERESTS

What does the child like to do?
Is there anything he doesn't like to do or eat?
Does the child have any special interests or **HABITS?**

BEHAVIOR

Does the child get upset very easily?
How does she get along with others?
Does she have any special fears?
How does the child react to new places or new people?
Does the child have tantrums?

MEDICAL

Does the child need to be taken to special doctors during the day?
Is the child on any medication?
Does the child have seizures?
Is there anything the child shouldn't do?

GENERAL

How would you describe the special needs of your child?
Is there anything else you would like me to know about your child?

NOTES

IV(F)H.2

INTAKE FORM

I. Identification Information

Child's Name ______________________ Sex ________ Birthdate __________

Last First Middle

Child's Address ______________________ Phone No. ______________

Parents or Guardians

Name	Address	Place of Employment	Phone No.
a.			
b.			

II. Emergency Information

Names of persons authorized to pick up the child ______________________

Hospital to be used in case of emergency ______________________

Address ______________________ Phone No. ______________

Name of Doctor ______________________

Address ______________________ Phone No. ______________

Name of Insurance Co. ______________________ Policy No. ______________

Address ______________________ Phone No. ______________

If parent cannot be reached in an emergency, contact:

Name ______________________ Home Phone No ______________

Address. ______________________ Work Phone No ______________

Name ______________________ Home Phone No. ______________

Address ______________________ Work Phone No. ______________

III. Pregnancy and Birth Information

Describe: ______________________

____

____

IV. Health Information

Describe any serious illness or hospitalization: ______________________

____

Describe any physical problems ______________________

Describe any known allergies ______________________

V. General Information

Age child began to 1) sit ________ 2) crawl ________

3) walk ________ 4) talk first words ________

What is your child's daily schedule?

Wake-up ________ Mealtime ________ Naptime ________

Bedtime ________ Bowel Habits ________

What does your child eat? ______________________

What food does your child dislike? ______________________

What kind of activities does your child enjoy? ______________________

____

Does your child have any fears? If so, what are they ? ______________________

____

Name your child's family members and their ages ______________________

____

Do you have any special concerns about your child or is there anything else you would like me to know about your child?

____

If your child receives any special services, please list them.

____

____

______________________ Parents or Guardian Signature

______________________ Date

EXPECTATIONS

WHAT DO YOU AS A PROVIDER EXPECT FROM PARENTS?

Answer: You expect they will...

1. cooperate with you.
2. listen to your suggestions
3. respect your opinion
4. communicate truthfully about their child's needs

WHAT DO PARENTS EXPECT FROM YOU?

Answer: They expect that you will...

1. provide quality care for their child.
2. offer their child a safe and healthy environment
3. feed their child nutritious food
4. listen to and carry out their suggestions

IT IS IMPORTANT TO NOTE THAT PARENTS OF CHILDREN WITH SPECIAL NEEDS MAY HAVE SOME ADDED EXPECTATIONS OR CONCERNS. They may ask themselves:

* Does my child fit in this provider's home?

* Will my child be accepted by the provider and the other children?

* Will the provider spend enough time with my child?

* Can my child make progress in this home?

* Is the provider sensitive to my child's needs?

Dear Parents:

So.... what's new in your house??

Do you know that sharing events and ideas from your home can help me give your child better care? When you tell me about things that are happening in your home, then I can plan activities especially for your child.

If your child has a new pet, I can

If your child is going to the doctor, I can

If your child gets a new pair of shoes, I can

If your family is planning a trip, I can

You see, I really can use your help. Even though you can't be here with your child, by sharing ideas from your home and family you can still be a big part of your child's day.

Please let me know what's happening in your child's life by talking to me and by helping your child to tell me. If you would like to send me a little note, I would be most pleased.

Sincerely,

____

Your Caregiver

The **KIDS** are actually large puppets who help children and adults understand disabilities that confront people. Mark, the most recognizable due to his wheelchair, has cerebral palsy, Jennifer has a learning disability. Brenda is their friend. Brenda does not have any impairment. The puppets are nearly life-size and they have definite likes and dislikes, hopes and fears, talents and limitations.

The **KIDS** are manipulated by trained puppeteers who present a short program using a script. The goal of the program is to make children aware of differences and teach them how to appreciate these differences. Puppetry is indeed a powerful medium and within the strength of this style, the **KIDS ON THE BLOCK** family has become a popular educational event.

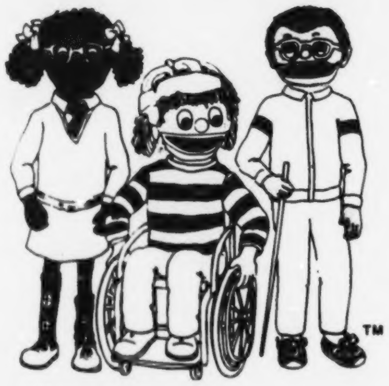
Children will have an opportunity to interact with the puppets and ask questions. There are follow-up activities that child care providers can do to stimulate positive attitudes among the children in their care.

A special presentation of the **KIDS ON THE BLOCK** will be scheduled for your Family Day Care Home or Child Care Center.

Sponsored by:

IMPACT, Inc.
6290 Corporate Court
Fort Myers, Fl 33919.
(813)481-1114)

**The Kids
on the Block**



A TROUPE OF DISABLED
AND NON-DISABLED PUPPETS

EVALUATION INSTRUMENT FOR INCLUDING SPECIAL NEEDS CHILDREN IN COMMUNITY CHILD CARE

Project A.C.C.E.P.T.

Harriet F. Reece, Ph.D.
Coordinator
1992-93

IMPACT. INC.
6290 Corporate Court
Fort Myers, Florida 33919
813-481-1114

DIRECTIONS FOR SCORING

Read each statement carefully. Look for evidence that the child care program complies with the statement. Indicators following many of the statements further define the statement and how it should be interpreted.

The evaluator codes each item using the following system:

Y = "yes". The evaluator has found sufficient evidence that the program typically engages in this behavior.

P = "partial". The evaluator has found some evidence this behavior is occuring.

N = "no". The evaluator has not found sufficient evidence of this behavior.

By circling this latter category the evaluator is suggesting that some improvement, alteration, or modification should be considered by the administrator/manager of the child care center.

EVIDENCE may be gathered through DIRECT OBSERVATION, DOCUMENTATION, and/or INTERVIEW.

The term DOCUMENTS refers to records, policy statements, forms, newsletters, or other written information.

INTERVIEWS may be conducted with management, teachers, assistants, parents, volunteers, in person or by phone.

The COMMENTS section after each item is used to clarify why that item was given a "no" or a "partial" rating. No explanation is needed if the item is rated "yes".

I.D.#________

Part I. ADMINISTRATION/MANAGEMENT

1. Written policies and procedures, including center philosophy on mainstreaming, are available.

Y P N Comments____

____

2. Policies include a statement defining confidentiality and how it is implemented.

Y P N Comments____

____

3. Policies include options for orientation of children to the program, such as gradual introduction of children to the program and/or a pre-enrollment visit.

Y P N Comments____

____

4. A process exists for a trial enrollment, pre-arranged by contract between parents and director/owner.

Y P N Comments____

____

5. There is regular communication between the owner and the employees.
    - monthly staff meetings are conducted.
    - employees are contacted by phone when necessary.
    - owner does on-site observation / evaluation of all employees.

Y P N Comments____

____

6. The director/head teacher meets frequently with all child care personnel.
    - meetings are documented by minutes/notes.
    - Individual conferences are held when changes in routines, schedule, etc. directly impinge on employee responsibilities.

Y P N Comments____

____

7. Staff-child ratios are adequate.
  - needs of handicapped children are being met.
  - non-handicapped children are not slighted or left unattended.

Y P N Comments ____

____

8. Staff turn-over is infrequent, providing continuity.

Y P N Comments ____

____

9. The director/operator is familiar with and makes use of appropriate community resources, such as interagency groups, medical and physical health agencies, libraries.

Y P N Comments ____

____

10. Staff has completed the required annual in-service training.

Y P N Comments ____

____

11. Staff training has included caring for special needs children, such as participation in the MAINSTREAMING WORKS! Module.

Y P N Comments ____

____

12. New staff are oriented about the goals of the program, including the inclusion of special needs children.
  - Director/Head Teacher shares the program philosophy with new staff.
  - strengths/needs of handicapped child are made known and responsibilities identified.

Y P N Comments ____

____

13. In-house support is provided for staff.
  - coaching/consulting by professional people in the community is provided when necessary.
  - written materials on working with the young child/special child are available, e.g., books, curriculum guides, reprints of articles.

Y P N Comments ____

____

14. The Director/Head Teacher has a degree in Early Childhood Education or related field.

Y P N Comments ______________________________

15. Substitutes are provided to maintain staff-child ratios when regular staff are absent.

Y P N Comments ______________________________

16. Substitutes receive orentation on the job, including critical information about children requiring special attention or adaptations.

Y P N Comments ______________________________

17. Volunteers who work with children complete a pre-assignment orientation.
    - 2-3 hours of on-site observation.
    - question/answer sharing of relevant child-centered information.

Y P N Comments ______________________________

Part II. PLANNING AND PROGRAMMING

1. The daily schedule reflects a variety of experiences.
    - quiet/active play
    - indoor/outdoor experiences
    - small/large group options
    - child-initiated/staff-initiated activities

Y P N Comments ______________________________

2. The schedule is flexible and based on individual needs for daily care, especially for toileting, eating, snacking, sleeping, resting.

Y P N Comments ______________________________

3. Indoor play/learning space accommodates children with a broad range of skills and needs.
- materials/toys are accessible.
- play and work centers provide sufficient space, especially if adaptive equipment is necessary.
- adjustable chair, wedges, bolsters available for physically challenged child.

Y P N Comments ____________________

____

4. Outdoor space is arranged to provide a variety of activities and surfaces which accommodate individual and special needs.
- play equipment is modified or adapted if necessary.
- surfaces represent tactile learning opportunities.
- play area is accessible.
- small muscle/large muscle development is planned.

Y P N Comments ____________________

____

5. The learning environment accommodates a developmental approach specific to age and individual needs.
- infants: holding, touching, communicating, exploring, manipulating, early language encouragement.
- toddlers: active play, creative art and movement, expanding language, gross/fine motor.
- preschoolers: story-time, advanced play activities, creative expression, gross/ fine motor activities.
- continuum of skill level activities in lesson plans.

Y P N Comments ____________________

____

6. Learning environments exhibit well-organized storage and display of materials at sight level for independent selection.
- toys/materials provided to child who cannot self-select.
- variety of visual, auditory, tactile stimulation is available.
- interactive materials are identified.

Y P N Comments ____________________

____

7. A written, daily lesson plan based on knowledge of child development is used.

Y P N Comments ____________________

____

8. Diagnostic information is incorporated in daily plans. This information may include an I.E.P., I.F.S.P., medical history, psychological testing, child intake/enrollment background data.

Y P N Comments ______________________________

9. Materials/curriculum reflect multiracial, nonsexist, nonstereotyping.
    - books, dolls, puppets, pictures are available representing culturally different and handicapped children.
    - activities foster positive self-image based on cultural diversity and handicapping condition.

Y P N Comments ______________________________

10. Planning is organized and structured; It includes direct intervention, effective and efficient learning.
    - Intervention: selected skills are taught when necessary.
    - Effective: skills are practiced and reinforced.
    - Efficient: skills are embedded in the daily program.

Y P N Comments ______________________________

11. Transitions are smooth and unregimented.
    - Changes in activities seen as learning opportunity.
    - Children given appropriate time to make adjustments.
    - New activity is prepared and ready so waiting is eliminated.

Y P N Comments ______________________________

Part III. DAILY CARE

1. Children are greeted when they enter the center; staff acknowledges departure.

Y P N Comments ______________________________

2. Children are supervised throughout the day and during all activities and are never left alone.

Y P N Comments____

3. Objects which may be dangerous are out of reach or stored in locked cabinets.
   - small objects unavailable for sensory-deprived child.
   - toxic materials under lock and key.

Y P N Comments____

4. Light sources are adequate. (May need additional source of light for visually impaired child.)

Y P N Comments____

5. Adequate first aid is available.
   - supplies are easily reached by adults.
   - a staff member is certified in emergency pediatric first aid.
   - a staff member is trained in CPR for infants and children.
   - staff knows how to handle seizure situations.

Y P N Comments____

6. Evacuation procedures are clearly posted and familiar to staff and include special procedures for handicapped children.

Y P N Comments____

7. A plan exists for dealing with medical emergencies.
   - written permission of parents is on file.
   - source of emergency care has been identified.
   - transportation agreements are clear.

Y P N Comments____

8. Child health records are kept up-to-date and staff apprised of any special health needs among children enrolled.

Y P N Comments____

9. Provisions are made for children with special nutritional requirements, such as second helpings, special snacks. The dietary needs of health impaired child are recognized and accommodated.

Y P N Comments____

____

10. Space is provided for a child who needs rest or quiet time, especially child with health handicap.

Y P N Comments____

____

11. The dispensing of medication is controlled.
- a written order is on file.
- medication is administered consistently by a designated staff member.

Y P N Comments____

____

12 Toilets and wash basins are accessible at child level or appropriately adapted.

Y P N Comments____

____

13. Potty chairs are available for training purposes and privacy is afforded the user.

Y P N Comments____

____

14. Good grooming is encouraged and consistently taught.
- children are taught how to use a comb, toothbrush, etc.
- developmentally delayed children taught to dress self, tie shoes, wash/dry hands, etc.

Y P N Comments____

____

15. Independence in caring for self is encouraged.
- self-care, self-feeding adaptive devices are used, such as curbed spoons and scoop bowls for children with physical challenge.
- equipment and materials are designed for varying abilities, such as use of fastening devices, switches, etc.

Y P N Comments____

____

Part IV STAFF-CHILD INTERACTIONS

1. Staff encourages positive peer social interaction, setting up play and learning interventions.
   - handicapped, non handicapped are mixed throughout routines and activities.
   - interactive play materials are used to nurture cooperation (interactive: requires the help of another child; draws children into close proximity).
   - planned activities provide developmentally appropriate inclusion of handicapped children.

Y P N Comments____

____

2. Children are encouraged to solve their own problems, initiate activities, explore and experiment by doing.
   - staff expands on natural opportunities for self-selection in play.
   - rules are explained and children encouraged to help solve own disagreements.
   - free-choice/ no-choice is respected when choosing toys or activities.

Y P N Comments____

____

3. Staff uses positive approaches to help children develop socially acceptable behavior
   - staff redirects behavior into acceptable channels.
   - consistent/clear rules are used.
   - logical/natural consequences are explained.
   - staff affirms appropriate behavior, praise children.

Y P N Comments____

____

4. Behavior which severely disrupts the care environment is firmly checked and prevention planning is set in motion.
   - a target behavior is identified.
   - tried and un-tried strategies are documented.
   - a plan of action is implemented which respects the child's developmental abiltities.

Y P N Comments____

____

5. Staff interacts frequently with children with non-verbal expressions of concern and interest.

- smile, give one-on-one attention during activities, etc.
- special needs children are strategically positioned near adults.
- infants receive encouragement to explore, react to environment.

Y P N Comments____

____

6. Staff is sensitive to and uses spontaneous events as learning opportunities.

- routine tasks used to develop independence.
- staff models appropriate behavior.
- staff facilitates understanding and language development as co-incidental to planned objectives.

Y P N Comments____

____

7. Staff shows respect for all children, regardless of race, religion, family background, culture, or handicapping condition.

Y P N Comments____

____

8. Staff helps children deal with anger, sadness, and frustration.

- staff reflects childrens' feelings and sympathizes with them.
- comfort is offered by hugging, holding, touching.

Y P N Comments____

____

9. Interactive sounds in the center are pleasant, representing happy children, relaxed staff.

Y P N Comments____

____

10. Language development is encouraged by staff.

- infant sounds are repeated.
- staff enters into and expands conversation of toddlers, preschoolers.
- open-ended questions are used to develop thinking in preschoolers.

Y P N Comments____

____

Part V. PARENT PARTICIPATION

1. A written description of the program's philosophy, policies, and procedures, is made available to parents.

Y P N Comments______________________________________

____

2. Parents have agreed to release confidential information about their child. A consent form is on file.

Y P N Comments______________________________________

____

3. Parents and other relatives are encouraged to be involved in the program..
- an open-door policy exists and is documented (visitor sign in process).
- parents contribute items to enhance the program, such as old clothes, throw-away household items, snacks.
- reference materials are shared with parents.
- parents volunteer time at the center.

Y P N Comments______________________________________

____

4. A verbal and/or written system is established for sharing child's experiences, strengths, special needs with parents.
- telephone calls are made to each child's parents on rotating schedule.
- special events are planned a couple times a year.
- a newsletter is sent home several times a year.
- a parent bulletin board in the center provides up-to-date information.

Y P N Comments______________________________________

____

5. Individual conferences with parents (in person or by phone) are held on an as-need basis.
   - parents and staff cooperate in planned interventions, such as for behavior management, self-help skills, modifications in learning/play environment.

Y P N Comments

7. Staff and parents cooperate to determine if diverse needs of children are being met and suggestions implemented without delay.

Y P N Comments

8. Parents are provided with appropriate referral information.
   - community resources are identified.
   - a process for helping parents 'connect' with local helping agencies is available.

Y P N Comments

RATING SCALE
(SUMMARY OF RATINGS)

DIRECTIONS: Check ( ) the rating given each item. Then total the number of checks in each column. When each section is completed, add up all the totals and enter the grand total of " Yes" items, "Partial" items, and "No" items.

PART I.

ADMINISTRATION/ MANAGEMENT

ITEM	RATING		
	Yes	Partial	No
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
TOTAL			

PART II.

PLANNING AND PROGRAMMING

ITEM	RATING		
	Yes	Partial	No
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
TOTAL			

PART III

DAILY CARE

ITEM	RATING		
	Yes	Partial	No
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL			

PART IV.

STAFF-CHILD INTERACTIONS

ITEM	RATING		
	Yes	Partial	No
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
TOTAL			

PART V.

PARENT PARTICIPATION

ITEM		RATING	
	Yes	Partial	No
1			
2			
3			
4			
5			
6			
7			
TOTAL			

SUMMARY CHART

GRAND TOTALS

	Yes	Partial	No
Part I. ADMINISTRATION/MANAGEMENT			
Part II. PLANNING AND PROGRAMMING			
Part III. DAILY CARE			
Part IV. STAFF-CHILD INTERACTIONS			
Part V. PARENT PARTICIPATION			
TOTALS			

PROJECT A. C. C. E. P. T.

AGREEMENT

I, ________________________________ of ______________________________

agree to participate in a process designed to prepare my center to meet the requirements of the *AMERICANS WITH DISABILITIES ACT* of 1992 to include children with special needs in community child care services.

I will:

- attend a workshop focusing on questions and concerns for child care decision makers.
- observe one or more integrated child care centers.
- accept on-site technical assistance and coaching to increase competency in caring for children with special needs.
- engage in a self-evaluation of my center using the Project's evaluation instrument.
- welcome an independent evaluation of my center, using the Project evaluation instrument.
- allow the results of the evaluations to be reviewed by a committee of local professionals
- agree to publicize my center as one which believes in and is capable of providing services to children with special needs.

I understand that it will take approximately six months to complete the above activities.

Signature: ______________________________

Center Name: ______________________________

Address: ______________________________

____

Phone Number: ______________________________

LETTER TO CHILD CARE OWNERS/MANAGERS

DATE:

TO: CHILD CARE OWNERS/ ADMINISTRATORS/ MANAGERS:

FROM:

RE: Child care and the AMERICANS WITH DISABILITIES ACT

It will be worth your time and effort to find out more about your child care program. Now that the AMERICANS WITH DISABILITIES ACT is a federal law, every child care program should assess its potential for serving the special need child.

The EVALUATION INSTRUMENT FOR INCLUDING SPECIAL NEEDS CHILDREN IN COMMUNITY CHILD CARE has been designed to help you with this process. The sixty items on the instrument will sharpen your awareness of quality care and help you answer the question: What does the child, any child, need to succeed?

Since your staff will be directly affected by any changes you make, you are strongly urged to involve them in the evaluation process. Some changes may require additional staff training, a fairly simple thing to do and required by State law. Your leadership may lead staff to take courses and workshops that focus on special need children. A well trained staff will help you provide quality care for ALL children.

Other changes may involve considerable cost, such as improving the playground area. Keep in mind that not all of the items assessed by the evaluation instrument need be met at the highest level of performance. In addition, not all the evaluation statements are of equal value. Those that are most important should receive priority for change and/or improvement.

Change is always stressful, but it is only by changing that we improve the quality of care. YOUR WILLINGNESS TO PARTICIPATE IN EVALUATING YOUR CENTER SPEAKS WELL OF YOUR INTENT. It will take time, but once you have completed the evaluation you will have a sense of accomplishment as well as a sense of direction on how to make your center one of the best in the community.

CHILD CARE INFORMATION **I.D.**

CENTER NAME ______________________ TELEPHONE ______________

ADDRESS (street, city, zip) ______________________________________

____

OWNER/ ADMINISTRATOR ____________________________________

PERSON WHO COMPLETED EVALUATION __________________________

TITLE ____________________________

FUNDING SOURCES: Check all that apply.

( ) Parent Fees
( ) Child Care Food Program
( ) TDHS Day Care (Title XX)
( ) Headstart
( ) Community Development Grant
( ) Other Federal or State Funds
( ) Local (county, city) Government Funds
( ) Other, Please specify

CENTER HOURS _________________ DAYS PER WEEK _______________

NO.CHILDREN ENROLLED____________ NO.HANDICAPPED CHILDREN ______

NO. FULL TIME STAFF _____________ PART TIME STAFF ______________

DESCRIPTION OF PROGRAM (include type of curriculum, whether full time/part time, summer program, after school, age levels 0 - 12 yrs, preschool, infant, toddler, special need if now enrolled) ______________________________

____

____

____

INDEPENDENT EVALUATION

CHILD CARE PROGRAM INFORMATION

I.D.# ________

EVALUATOR ____

NAME OF PROGRAM VISITED ______________________________

ADDRESS ____

____

DATE OF VISIT ________________ TIME: From ________ To ________

OBSERVED: Check all that apply.

- ☐ Infant Program
- ☐ 1/2 Yr Olds
- ☐ 3/4 Yr.Olds
- ☐ After School Program
- ☐ Other (explain) ______________________

____

Number of Children Observed ________ Number Special Need Children ________

Number of Staff: Full time ________ Part time ________

Volunteers ☐ Yes ☐ No

CONSENSUS COMMENTS ________________________________

____

____

____

____

PROJECT A.C.C.E.P.T.

OBSERVING INTEGRATED CHILD CARE ENVIRONMENTS

CHILD CARE CENTER ______________________ DATE OF VISIT __________

The purpose of your visit is to explore what integration and inclusion means in the day-to-day operation of a child care facility. The following questions will help you focus your attention and provide feedback that can be used to enhance your own understanding of the inclusion process.

1. Are children with special needs attending the center with other children of a similar age? Y N
   Comments: ______________________

   ____

2. Is the physical arrangement of the center and its rooms conducive to integration?
   Y N
   Comments: ______________________

   ____

3. Do children with special needs use the same or similar materials as other children?
   Y N
   Comments: ______________________

   ____

4. Have you noticed any modifications or adaptations in the environment or in the activities themselves which accommodate the special need child?
   Y N
   Comments: ______________________

   ____

5. Do the staff appear competent and able to provide quality care for all the children under their supervision? Y N
   Comments: ______________________

   ____

6. Are their materials in the room which reflect cultural and handicapped diversity, such as books, records, pictures, posters, etc.?

Y N

Comments: ____

____

7. Does the curriculum follow developmentally appropriate practices?

Y N

Comments: ____

____

8. Do children with disabilities have on-going opportunities to interact socially with the other children? Y N

Comments: ____

____

9. Are children with disabilities encouraged to follow the same rules as other children?

Y N

Comments: ____

____

10. Is the outdoor play area accessible to all children?

Y N

Comments: ____

____

11. Do adult-child interactions reflect appreciation for the uniqueness of all children?

Y N

Comments: ____

____

12 What other observations have you made which you want to comment on ?

____

____

____

Your name: ____

LETTER OF INVITATION TO EARLY CHILDHOOD/SPECIAL EDUCATORS

DATE:

Dear

I would like to invite you to become a member of the AD HOC REVIEW COMMITTEE of *PROJECT A.C.C.E.P.T.*

First, some background that will be helpful to you. *PROJECT A.C.C.E.P.T.* was funded to enable child care providers to offer developmentally appropriate preschool programs that will successfully integrate children with and without special needs. The major emphasis of the Project is to help owners/directors interpret the AMERICANS WITH DISABILITIES ACT by providing them with training, consultation, and evaluation based on key components of quality care for all children.

The Project has developed an EVALUATION INSTRUMENT which will be used by the owner/director to do a self-evaluation. This same instrument will also be used by a Project staff member to do an independent evaluation.

It is these two evaluations that the committee would review. The committee will decide on the competency of the center, make recommendations and/or issue a certificate based on the standards identified in the evaluation instrument.

The AD HOC COMMITTEE would be just that: formed to complete a single task and then disbanded. Committee meetings would be kept to a minimum, possibly two or three.

Please call if you are able to serve on this committee or if you wish to inquire further about the Project or the committee responsibilities.

Looking forward to hearing from you, I am

Sincerely,

Coordinator, *Project A.C.C.E.P.T.*

AD HOC REVIEW COMMITTEE - GUIDELINES

The Committee will PAIR UP. Each pair will receive TWO SETS OF EVALUATIONS - one set completed by the Project A.C.C.E.P.T. participant, the other completed by the Project Coordinator. The name of the center is confidential; each evaluation is identified only by a number. Read and study both sets of evaluations, switching with your partner when you have completed your analysis.

1. First, look at the SUMMARY PROFILE. Note the items marked "partial" or "no".

2. Look up those items on the evaluation and read the COMMENTS. KEEP IN MIND THAT NOT ALL OF THE ITEMS ARE OF EQUAL VALUE.

3. There is an 80% criteria level for certifying a center as competent to include special need children in their program. BUT YOU ARE THE ONE WHO DECIDES HOW THE 80% IS INTERPRETED.

4. Make notes to remind yourself of questions or the need for further information. Use the center's I.D. number. Call on the Project Coordinator to explain any discrepancies which may exist between the two different evaluations.

5. You and your partner should agree on a recommendation (see the RECOMMENDATIONS form, but do not complete it.)

6. Switch sets of evaluations with another pair. Review the second set in the same manner as above.

7. After all Committee members have been able to review the sets of evaluations and come to some conclusion, The COORDINATOR WILL POLL THE COMMITTEE TO ARRIVE AT CONSENSUS. The Coordinator will share her impressions of each center to help in the consensus process.

8. The Coordinator will complete a RECOMMENDATION FORM FOR EACH CENTER.

7. Committee members will sign the form when consensus is reached.

RECOMMENDATIONS

Ad Hoc Review Committee **I.D. #** ____________

1. Has child care center met a criteria of 80% or better on the evaluation?
   ☐ yes ☐ no

2. Do you recommend that Project A.C.C.E.P.T.

   ☐ Issue a CERTIFICATE OF COMPETENCY?

   ☐ Provide further technical assistance to the child care center and re-submit evidence that competency criteria has been met before issuing a CERTIFICATE OF COMPETENCY?

   ☐ Other course of action. Explain ____

____

Date recommendation made: ____

AD HOC Review Committee:

______________________	______________________
signature	position or title
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________

PROJECT A.C.C.E.P.T.

WORKSHOP EVALUATION

Your responses to these questions will give ***PROJECT A.C.C.E.P.T.*** feedback as to the effectiveness of the workshop(s) you have now completed. Please circle the response which best answers the question for you. You do not have to identify yourself.

1. Was the workshop well organized?

Well organized   Somewhat organized   Poorly organized

2. Were the methods (such as discussion, small group activities, lecture) used during the workshop effective for learning?

Every effective   Somewhat effective   Not effective

3. Were the audio-visual aids (tape and transparencies) useful tools?

Very useful   Somewhat useful   Slightly useful

4. Did you feel free to participate as much as you wanted?

Participation encouraged   Neutral   Felt inhibited

5. Did the workshop leader demonstrate a thorough knowledge and understanding of the topics?

Thorough understanding   Partial understanding   Inadequate understanding

6. Did the workshop teach you something new, change, or clarify concerns you may have had before attending?

strongly changed/clarified   Helped somewhat   Not effective for me

6. Did the information presented strenthen your intent to integrate your center by giving you new insights?

Yes	No	Feel neutral, neither more or less determined

7. Would you recommend that other child care decision-makers take this workshop?

Strongly recommend	Recommend	Would not recommend

8. What I liked best about the workshop: (topics, time, activities, handouts, resources, etc.)

9. What I would like to see changed about the workshop: (topics, time, activities, handouts, resources, etc.)

10. Overall. the workshop was:

Excellent	Good	Fair	Poor

Thank You.

FAMILY DAY CARE WORKSHOP EVALUATION FORM

Your respopnses to these questions will give the Project feedback as to the the effectiveness of the workshop. Your assistance is appreciated.

Please check the response which best answers the question for you.
Use the **COMMENTS** section for further explanation.

ORGANIZATION

1. Was the workshop well-organized?

☐ well organized ☐ somewhat organized ☐ poorly organized

Comments ____

____

2. Were the objectives of the workshop clearly stated ?

☐ very clear ☐ somewhat clear ☐ not clear

Comments ____

____

METHODS

3. Were the methods (such as discussion, team work, lecture) used effective for learning ?

☐ very effective ☐ somewhat effective ☐ not effective

Comments

4. Were the audio-visual aids (transparencies, videos) useful instructional tools ?

☐ very useful ☐ somewhat useful ☐ slightly useful

Comments ____

____

5. Did you feel free to participate as much as you wanted?

☐ participation encouraged ☐ neutral ☐ felt inhibited

Comments____

6. Was the information presented in a clear, easy-to-understand manner ?

☐ very easy ☐ fairly easy ☐ difficult to understand

Comments

7. Did the training teach you something new or change any of your attitudes?

a) I learned ____

b) I changed my attitude about__________________________________

8. As a result of this workshop, will you change what you do in your **FDCH** in any way?

☐ considerable changes ☐ some changes ☐ no changes

Comments____

9. The part I liked best about the workshop was____________________________

10. The part I would like to see changed is______________________________

PROJECT A.C.C.E.P.T.

FINAL EVALUATION

PARTICIPANTS:

It is time to evaluate the effectiveness, the strengths and weaknesses of the eight-step process on inclusion you have just completed. Please complete the following questions and use the comments section to provide us with constructive suggestions.

Return this form using the SASE provided at your earliest convenience.

THANK YOU.

Project Coordinator

I. Circle how helpful the various components of the Project were to you.

1 = extremely helpful   2 = helpful   3 = somewhat helpful   4 = not helpful

a. 8 - HOUR WORKSHOP (Format, presentation, materials)	1	2	3	4
b. 10 - PART SKILLS PROFILE (Identifying strengths/needs)	1	2	3	4
c. PERSONALIZED COACHING/MENTORING (Coord. visits, consulting)	1	2	3	4
d. WRITTEN RESOURCES (Articles, samples, training info)	1	2	3	4
e. CHILD CARE OBSERVATIONS	1	2	3	4
f. SELF EVALUATION	1	2	3	4
g. HANDICAPPED AWARENESS PROGRAM (poster, doll skit, coloring book)	1	2	3	4

h. Networking (With Coordinator & participants)	1	2	3	4

Comments: (explanations/suggestions)

II. Did the 60-item EVALUATION INSTRUMENT help you define quality care for all children, handicapped and non-handicapped?

1 = yes 2 = no 3 = ambivalent

a. Administration/Management	1	2	3
b. Planning/Programming	1	2	3
c. Daily Care	1	2	3
d. Staff/Child Interactions	1	2	3
e. Parent Involvement	1	2	3
f. In General	1	2	3

COMMENTS: (explanations/ suggestions)

III. What would you like to see changed or improved in the Project if it is replicated?

IV. What did you like BEST about the Project?

V. Do you feel better prepared to meet the requirements of the AMERICANS WITH DISABILITIES ACT?

1 = very prepared   2 = somewhat prepared   3 = not prepared

COMMENTS: (explanations/suggestions)

VI. Do you think that a specialized lending library will be helpful to you when you begin/continue to include children with special needs in your program?

1 = very helpful   2 = somewhat helpful   3 = don't know

COMMENTS: (explanations/suggestions)

VI. What PUBLIC AWARENESS steps have you taken to indicate your willingness to include children with special needs in your program? Check all that apply.

a. Changed/ improved advertisement in phone book.

b. Posted new policy/information on bulletin board for staff/parents.

c. Alerted local Child Care Information & Referral System

d. Alerted press/media

e. Spoke to management board/received commitment.

f. Spoke to parents, parent organizations, or other public groups

g. Other. Please explain:

VII. What was your OVERALL impression of the Project?

1 = excellent 2 = good 3 = fair 4 = poor

COMMENTS/suggestions:

Thank You!

NAME (optional)

PROJECT A.C.C.E.P.T.

FDC FINAL EVALUATION

PARTICIPANTS:

It is time to evaluate the effectiveness, the strengths and weaknesses of the process on inclusion you have just completed. Please complete the following questions and use the comments section to provide us with constructive suggestions.

Return this form using the **SAS** provided at your earliest convenience.

THANK YOU.

Project Coordinator

I. Circle how helpful the various components of the Project were to you.
1 = extremely helpful   2 = helpful   3 = somewhat helpful   3 = not helpful

a. **WORKSHOP** (Format, presentation, materials)	1	2	3	4
b. SKILLS INVENTORY (Identifying strengths/needs)	1	2	3	4
c. PERSONALIZED COACHING/MENTORING (coord. visits, consulting)	1	2	3	4
d. WRITTEN RESOURCES (Articles, samples, training info)	1	2	3	4
e. CHILD CARE OBSERVATIONS	1	2	3	4
f. SELF EVALUATION (Rating Scale, Health/Safety)	1	2	3	4

g. **HANDICAPPED AWARENESS PROGRAM**
(poster, puppets) 1 2 3 4

h. **NETWORKING**
(With coordinator & participants) 1 2 3 4

Comments: (explanations/suggestions)

II. Do you feel better prepared to meet the requirements of the **AMERICANS WITH DISABILITIES ACT?**

1 = very prepared 2 = somewhat prepared 3 = not prepared

COMMENTS: (explanations/suggestions)

III. Do you think that a specialized lending library will be helpful to you when you begin/continue to include children with special needs in your program?

1 = very helpful 2 = somewhat helpful 3 = don't know

COMMENTS: (explanations/suggestions)

IV. What **PUBLIC AWARENESS** steps have you taken to indicate your willingness to include children with special needs in your program ? Check all that apply.

a. Changed/ improved advertisement in phone book/newspaper.
b. Posted new policy/information on bulletin board for parents.
c. Alerted local Child Care Information & Referral System
d. Alerted press/media
e. Spoke to parents, parent organizations, or other public groups
f. Other. Please explain:

V. What did you like **BEST** about the Project? .

VI. What would you like to see changed or improved in the Project?

VII. What was your **OVERALL** impression of the Project?

1 = excellent 2 = good 3 = fair 4 = poor

COMMENTS/suggestions:

THANK YOU!

NAME (optional)

Attendance Award

____

Has completed an 8-hour course on
Including Special Needs Children
in Child Care Environments.

____________________ Signature

____________________ Date

Project A.C.C.E.P.T. Recognizes

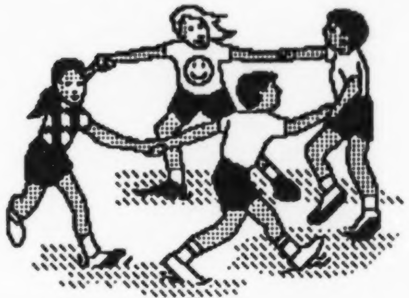
____

for training in early childhood education that qualifies her/him to serve all children, regardless of development level, in a professional way.

____
Coordinator

____
Date

Certificate of Congratulations!



is awarded a Certificate for participating successfully in an Eight-Step process to provide integrated Child Care in Lee County.

Project A.C.C.E.P.T. Coordinator

CHILD CARE

AND THE AMERICANS WITH DISABILITIES ACT

New civil rights legislation, effective January 26, 1992, prohibits discrimination based on disability. For child care providers this means that children can no longer be excluded from community child care on the basis of a disability.

The ADA affords children with handicaps the opportunity to participate in all activities and opportunities of community life. Part of community life is the opportunity to benefit from being in a child care setting.

The ADA states that public accommodations, including child care centers, must make reasonable modifications in policies, practices, and procedures in order to accommodate individuals with disabilities. When barriers prohibit access, centers must make services available through alternative methods, if those methods are readily achievable.

Possible changes may include:

Revision of policies and procedures

Curriculum adaptations

Removal of physical barriers

Provision of additional staff training

Alteration of staffing patterns

Provision of certain adaptive equipment

Although the ADA may require some changes in the operation of child care programs, examination of existing integrated schools and programs indicated that "imposing mainstreamed services to children with disabilities in private preschool or day care settings DID NOT POSE UNUSUAL DIFFICULTIES." (Bagnato, Kontos & Neisworth, 1987).

If additional costs are incurred, centers may be eligible for the Tax Deduction available through Title 26, Internal Revenue Code, Section 190. Centers may also qualify for the Disabled Access Tax Credit for small businesses, including provision for auxiliary aids and services (Section 44).

Project A.C.C.E.P.T. Harriet F. Reece, Ph.D., Coordinator
IMPACT, Inc., 6290 Corporate Court, Fort Myers, Fl 33919.

IMPACT Children's Center

THE ROLE OF VOLUNTEERS

Activities / Tasks

- Greeting children and assisting in all routines.
- Supervising children's activity in the classroom and playground.
- Assisting children with eating and toileting programs.
- Assisting children in exploring the environment and engaging in play with materials.
- Helping with daily routines including preparing meals/snacks/juices, clean-up of room and meal periods, and general "housekeeping tasks.

Interactions / Relationships

- Reports to classroom Teacher.
- Emphasis on Team Approach in classroom routine.
- Encouraged to offer suggestions and observations.

Child Interaction Guidelines

- Provide appropriate guidance to help ensure positive social integration.
- Nuture appropriate behavior, including dealing with misbehaviors acceptably and effectively.
- Provide ample praise for children's successes and appropriate behavior.
- Refer difficult situations to classroom teacher.
- Use the classroom teacher as a resource and model for maintaining a pleasant, appropriate atmosphere in interactions with the children.

IMPACT highly values the contributions of volunteers in meeting the needs of our very special children. The volunteers are frequently recognized for their contributions in many forms. An annual luncheon is provided as well as informal lunches for special occasions. Volunteers are invited to and recognized at all special family events. Our creative teaching staff enjoys recognizing special efforts in many "suprize" forms.

THE FOSTER GRANDPARENT PROGRAM

The Foster Grandparent Program is a national program that is designed to assist children who have special or exceptional needs. The program receives partial federal funds through ACTION, and the remainder of monies are procured by community contributions.

Currently, there are 90 foster grandparents that provide 1,044 hours a year in Lee, DeSoto and Collier counties. Local agencies include the Lee County School District, day care programs, A.C.T., and specially formatted therapeutic and educational programs.

A foster grandparent serves 20 hours a week and is supervised by the station coordinator. Income eligible grandparents receive a stipend of $2.45 an hour and travel compensation.

If you are interested in this program, call 332-2226 for further information.

Differences in Quality and Custodial Care

Developmentally Appropriate	Inappropriate
Multiple choices, child is encouraged to explore and learn by doing	Highly structured environment: limited choices, children not permitted to explore
Adult- facilitated learning (adult plans exciting environment, props, play, many choices, children gravitate to areas of interest)	Adult-directed learning (30 minutes of circle time, didactic, few choices, group does everything together at same time)
Learning occurs throughout normal daily activities	Learning is confined to specific-adult directed activities
Child-initiated learning, exploring encouraged	Toys out-of-child's reach, exploring not allowed
Small group size	Large group size
Sufficient adults to appropriately care for children*	Too many children for an adult to adequately care for
Use of a curriculum	No curricula to wide activities
Multi-cultural experiences (books, dolls)	No cultural experiences
Non-gender specific experiences	Only sterotypic gender opportunities
Routine health & safety monitoring	No health or safety guidelines
Outdoor equipment appropriate for child's age	Either no outdoor equipment/space or equipment unsafe for a young child
Redirecting childrens' misbehaviors (redirection, positive reinforcements)	Shaming, physical punishment (hitting), excessive discipline (more than 5 minutes in time-out)
Toys carefully chosen for learning	Toys chosen at random
Continuity of caregivers	Frequent turnover in staff
Adequate salaries	Minimum wages
Ongoing training and staff development	Infrequent training

The National Association for the Education of Young Children(NAEYC) has established guidelines for developmental appropriateness and offers an accreditation. Guidelines cover the broad issues of curricula, adult-child interactions, relations between home and program and developmental evaluations of children. All programs for young children should utilize the guidelines with adaptations as necessary.

IMPACT CHILDREN'S CENTER

PLAYGROUP SCHEDULE

INTRODUCTION: The ability and desire to participate in a scheduled routine is a developing skill in the playgroup environment. Each child is recognized as a unique person with individual personalities and patterns/timing of growth. The PLAYGROUP ROOM schedule emphasizes flexibility and responding to individual differences. Child care and activity will always accommodate the unique routines of each infant - no schedules will be imposed. A routine of activities is provided for toddlers & young preschool children in order to develop independence skills and maintain a variety of learning experiences. Teachers will initiate activities for children to participate in at their own level of interest and ability. Participation is never imposed. Individual exploration & play is always available. Ample teacher attention is always provided for individual play.

6:30am Arrivals / Breakfast / Open Exploration Diapering, toileting, washing provided as needed.

9:00 HELLO TIME (Group Area)
Children are invited to participate in Teacher initiated, self concept activities including self- image identification on attendance board, boy/girl discrimination, simple songs/games for self & peer awareness.

9:15 MORNING STRETCH (Playground)
Children are encouraged to explore the playground equipment and participate in activities for motor development including: walking/ running, balance, hopping/jumping, climbing, swinging and throwing. A minimum of 2 creative experiences in sand play, water play, art &/or dramatic play will also be provided for exploration. (If rain, optional indoor motor equipment will be provided)

9:45 Diapering / toileting / washing

10:00 AM SNACK (Tables)
Snack period integrates self-care skills including oral motor skills, fingerfeeding & utensil use, cup use, washing (self & clean-up)

10:20 OPEN PLAY (Whole classroom)
Children are encouraged to explore all of the play centers in the room. A minimum of 4 Teacher initiated activities will be provided throughout the period for individual &/or small group participation. Experiences include sensory, language, movement, concepts, early arts, self-awareness, and imaginative play. (Note: Diapering/toileting provided on-going, as needed.)

11:20 CIRCLE TIME (Group Area)

Children are invited to participate in a Teacher initiated small group activity varying music/song games, stories/big books, flannelboard or puppetry.

11:30 LUNCH (Tables)

Again integrates self-care skills as described in AM SNACK.

12:00 QUIET TIME (Whole Classroom)

Wash / toilet / diaper as needed. Early nappers can begin rest on individual cots. Quiet activities are provided for children requiring less rest or departing early. Quiet activities include music/story video, story/ flannelboard with teacher, sensory play and quiet toys.

12:30 NAP TIME (Individual Rest Cots)

All children rest on own cots. Quiet activities are provided for early risers. (Children departing early will be provided with outdoor play/continued quiet play activities.)

2:30 Begin nap "wake-up" / Diapering /Toileting / Open Play

3:00 PM SNACK (Tables)

Again integrates self-care skills as described in AM SNACK. (Note: Snack is available as needed for early rises.)

3:20 OPEN PLAY (Whole Classroom)

Children are encouraged to explore all of the play centers in the class room. Continuation of AM daily planned activities will be provided for individual or small group exploration. (Diapering / toileting provided ongoing as needed.)

4:20 AFTERNOON STRETCH (Playground)

Open play with outdoor equipment / materials. (If rain, choice of indoor motor equipment, explore ROMPA ROOM if available, or continued open play)

4:50 Diapering / toileting / washing

5:00 FUN & GAMES (Whole Classroom)

Children are invited to participate in Teacher initiated social activities including: bubble play, rhythm band, beanbags/balls, scarves/parachute, etc.

5:30 All children remaining at the center join in the PLAYGROUP ROOM for music/ storytime video and quiet play until final departures.

IMPACT CHILDREN'S CENTER

PRESCHOOL SCHEDULE

6:30am Arrivals / Breakfast / Open Play & Teacher directed fun and games

8:30 MORNING STRETCH (Playground)
Open play with available outdoor equipment & materials. (If rain, indoor motor equipment.)

8:50 Handwashing / toileting

9:00 MORNING MEETING (Group Area)
Self-concept development through attendance activities, self-expression activities and socialization. Introduction of daily planned topic and activities.

9:15 CENTER ACTIVITIES (Whole Classroom)
Minimum of 1 center planned for small group, Teacher directed activity emphasizing the weekly theme/concept.Cooking experiences will be provided 2 or more times weekly.

9:45 OUTDOOR EXPLORATION (Playground)
Planned individual/group gross motor activities to include: balance, jumping, climbing, riding, body coordination, throw/catch, and creative movement. A minimum of 2 creative experiences in sand play, water play, art &/or dramatic play also provided. (If rain, continue center activities and include indoor substitute motor activities.)

10:15 Handwashing / toileting

10:25 AM SNACK (Tables)
Snack period integrates self-care skills including oral-motor skills, utensil use, pouring, washing self & clean-up).

10:45 CIRCLE TIME (Group Area)
Language enrichment through books, storytelling, puppetry, flannelboard, music and imitation.

11:00 CENTER ACTIVITIES (Whole Classroom)
Minimum of 2 centers planned for Teacher directed, small group activities, and weekly changes &/or supplemental materials throughout all centers.

Noon Handwashing / toileting

12:10 LUNCH (Tables)
Again integrates self-care skills as described in AM SNACK.

12:30 QUIET TIME (Group Area)
Choice of relaxing creative movement/social games, music, stories, or enrichment video.

1:00 REST TIME (Each child on own mat)
All children rest on own mats; most will nap. Books & quiet activities may be brought to mat for non-nappers & early risers.

2:45 Nap "wake-up" / Toileting / Clean-up mats & materials

3:00 PM SNACK (Tables)
Again integrates self-care skills as described in AM SNACK.

3:15 AFTERNOON STRETCH (Playground)
Open play with available equipment / materials. Continuation of 1 or more AM outdoor activities. (If rain, choice of indoor motor play, small group turns in the ROMPA ROOM if available, or enrichment video if not previously viewed)

3:45 Handwashing / toileting

3:55 CENTER ACTIVITIES (Whole Classroom)
Minimum of 1 center planned for Teacher directed, small group activity, and weekly changes &/or supplemental materials throughout all centers.

4:55 OUTDOOR PLAY (Playground)
Open play with available equipment / materials. (If rain, see 3:15 rain choices)

5:25 Handwashing / toileting

5:30 All remaining children join in the PLAYGROUP room
for Music/Storytime Video and quiet play until final departures.

Child Find Referral System

FDLRS Child Find

FDLRS is designated by our service area to receive all Child Find referrals of children 0 - 21 years of age. The focus of Child Find is to identify Three - Five year old children that are not enrolled in a school district program and are evidencing possible developmental delays.

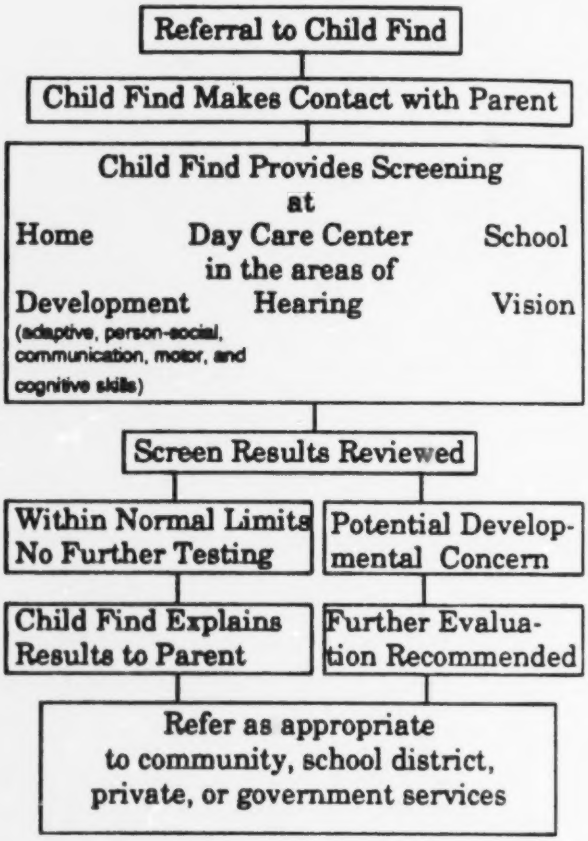
In Glades, Hendry, and Lee County, Child Find's focus is to identify children in need of special services, age Three - Five. In Lee County, Child Find is also the referral source for the Birth - Two Hearing and Visually Impaired children.

FDLRS Child Find provides free:
- Screening (vision, hearing, speech/ language, and developmental)
- Information/referral to other services as needed
- Training to identify children in need of special services.

Consider the following characteristics when deciding to refer children. Does the child appear to have problems with:
- Hearing
- Seeing
- Motor skills (running, jumping, walking)
- Talking like others his/her age
- Playing with others
- Behaving appropriately
- Learning

If you have developmental concerns about a child you know, please contact Child Find.

Child Find Process


Referral to Child Find
Child Find Makes Contact with Parent
Child Find Provides Screening at
Home
Day Care Center
School
in the areas of
Development (adaptive, person-social, communication, motor, and cognitive skills)
Hearing
Vision
Screen Results Reviewed
Within Normal Limits No Further Testing
Potential Developmental Concern
Child Find Explains Results to Parent
Further Evaluation Recommended
Refer as appropriate to community, school district, private, or government services

CHILDFIND

For The Special Child

WHAT IS KNOWN ABOUT INTEGRATING YOUNG CHILDREN

More and more young children with disabilities are being integrated into early childhood programs. The following conclusions have been drawn from:

- observations of children in integrated settings
- results of questionnaires and surveys
- case studies of children
- anecdotal reports of parents and teachers

☐ **Nondisabled children learn** language, cognitive, play, social, motor, and perceptual skills **at the expected rate** in integrated settings.

☐ **Children with disabilities** learn skills and **make developmental gains** when attending integrated classrooms.

☐ **Nondisabled children** usually **do not imitate developmentally delayed behaviors** that children with disabilities may exhibit. If they do, the imitative behavior does not continue unless it is reinforced by adults.

☐ **Children with disabilities do not spontaneously imitate their nondisabled peers**. They must be taught to learn in this way.

☐ **Integrating** children who are disabled with nondisabled children **does not insure that the two groups of children will play together**. Nondisabled children often prefer to play with other nondisabled children, while children with disabilities may not have the social skills to play with others. However, **special instruction can be very successful** in encouraging the children to play together.

☐ **Rejection** of children with disabilities by nondisabled children **is rare**. The nondisabled children usually behave in ways which show that they are sensitive to the needs of other children. They show affection to, are gentle with, and attempt to encourage and teach their classmates who are disabled.

☐ Because they shape the emotional and social climate of a classroom, successful **integration depends heavily on the attitude of teachers and care givers**. An approach to teaching and care which appreciates the value and uniqueness of every child will help make integration a positive experience.

SUPPORTING PARENTS

As a child's caregiver, you can be of great assistance to parents of children with disabilities.

First and foremost, you can PROVIDE PARENTS WITH A LOVING AND SAFE ENVIRONMENT FOR THEIR CHILD. Such an environment is one which respects and appreciates the child's abilities and gifts and also recognizes that THE CHILD WITH A DISABILITY IS A CHILD FIRST. It is important that parents feel their child is accepted for who he or she is.

KEEP AND OPEN MIND. When parents come to you and request to enroll their child, GIVE THAT CHILD AS MUCH PRIORITY AS ANY OTHER CHILD. These are working parents, too, and they need to know their child is as welcome as the next child.

ACCEPT WHAT THE PARENTS SAY ABOUT THE CHILD. BE READY TO LISTEN. Ask for suggestions on the best way to care for their child.

If you encounter a difficulty, talk with the parents and WORK OUT A SOLUTION TOGETHER.

INCLUSION CAN WORK! It can be a positive experience for everyone!

TIPS

FOR FAMILY DAY CARE GIVERS

CARING FOR THE DEVELOPMENTALLY DELAYED CHILD

1. Give the child as many "first-hand" experiences as possible. Example, allow the child to 'feel" the grass rather than just look at it.

2. Break tasks down into small steps. Teach each step separately and let the child practice before going on to the next step.

3. Encourage independence by letting the child do as much as he/she can.

4. Encourage cognitive development by having the child make choices and decisions.

5. Teach the child to recognize clues in his environment. Example: sounds that represent cars, trucks, animals, planes, etc.

6. Teach the child basic safety and health concepts. Example: washing his hands to keep away germs after toileting himself.

CARING FOR CHILDREN WITH PHYSICAL OR ORTHOPEDIC PROBLEMS

1. Make sure the child is in a comfortable position before attempting any activity.

2. If necessary, have adaptive furniture or equipment available. Discuss these needs with the parent.

3. Give him time to perform his tasks, even if it may take longer than the non-handicapped child.

4. Provide toys that can be used independently by the child and that stimulate his growth and development.

CARING FOR CHILDREN WITH VISION PROBLEMS

1. Describe things in the environment so the child understands his surroundings. Example: "Billy, there is a toy chest just ahead of you. Let's go over there and see what is in the chest."

2. Explain what is occurring in the home. Example: "We are getting the table ready for lunch, Billy. John is putting out the napkins, and Amanda is helping me with the juice."

3. Use materials with different textures. Teach concepts by having the child feel what you are talking about.

4. Do not move the furniture unless you tell the child and then show her where you have moved it.

5. Make sure there is adequate lighting wherever the child is playing.

6. Train the child's ability to store information by LISTENING with great care

CHILDREN WITH HEARING PROBLEMS

1. Show the child how to do things, not just tell her.

2. Talk slower and make sure the child can see your face.

3. Tap him on the shoulder before speaking to get his attention.

4. Send another child to get him/her. Do not call him from across the room.

5. If the child wears a hearing aid, learn how it functions and how to maintain it by replacing the battery, etc.

6. Learn simple signs, if the child is severely hearing impaired. Teach the other children how to sign to this child.

CHILDREN WITH BEHAVIOR PROBLEMS

1. Be consistent regarding house rules, repeating them as necessary, stressing consequences if rules are not kept.

2. Be calm at all times. Do not enter into debates with the child or "give in" to the child's whims, whining, or tantrums.

3. Find reinforcers that will help him control undesireable behavior. What works for one child may not work for another.

4. Remove the child from any danger to himself or to others, but do not isolate him for long from the activities around him.

5. Give the child equal choices. Have them choose between two or more "good" choices rather than emphasize the "bad" they cannot do.

CHILDREN WITH SPEECH AND LANGUAGE PROBLEMS

1. Be a good language model. Example: the child says "He gots big eyes. " Model the sentence "He HAS big eyes", and ask the child to repeat it.

2. Expand the child's vocabulary. Talk about what interests him and give him new words to add to his vocabulary. Example: You might say, " Let's look in the mailbox to see if we got a PACKAGE." (new word for this child)

3. If the child has poor speech, be patient. Promote the child's talking rather than walk away from her.

4. Help him pronouce words when you can by repeating the word correctly. Do not make the child feel uncomfortable.

5. Encourage the child to play with other children whose speech is not impaired so she can learn the correct sounds in a fun situation.

INTEGRATED CHILD CARE: SUCCESS STORIES

MAKING A SPECIAL EFFORT TO MEET THE NEEDS OF ONE CHILD OFTEN BENEFITS THE WHOLE GROUP.

"Five-year-old Martin has limited vision and so gluing and drawing activities have to be modified or he won't get much out of them. The first time I thought about doing this, I put out additional materials with only Martin in mind: sandpaper, feathers, rocks and twigs, cloth, etc. Not only did Martin experience using other senses and enjoy the variety of textures, the other children did, too. Thank goodness for Martin's special need."

WHEN CHILDREN ARE INTEGRATED, NO ONE IS SEGREGATED.

"An observer pointed out to me that Derk sat high in his wheel chair, while the rest of us sat on the floor for circle time. She said that he did not even appear to be part of the group at all, let alone a participant. Now I make a conscious effort to make sure that each child is at approximately the same level as the other children who are participating in the activity."

COLLABORATING WITH PROFESSIONALS

"The physical therapist described what movements were essential for Sariah. I told her how we crouched down and then jumped up as we sang "Pop Goes the Weasel" together. She told me that that type of movement was exactly what Sariah needed several times a day. So we started doing "Mousercize". No one knew we were doing therapy, we were having so much fun!"

RESPECTING CHILDREN'S ABILITIES

"It just didn't seem right to offer three-year-old Josh the same toys that the infants played with, but he put everything in his mouth. I really struggled to provide activities and play materials for him that were similar to his peers while, at the same time,

respecting his stage of development. Finally, I decided to make some changes and decrease the need for close supervision of Josh: I removed the smaller blocks so Josh could play safely with all our blocks; I added over-sized toys (like balls and trucks) that are not as readily mouthed; I laminated many of the books in the quiet corner; and I developed a system so that toys that were mouthed could be cleaned frequently."

LEARNING FROM THE KIDS

"Ten-month-old Jonathan did not sit up by himself. As I looked around my group I realized that he was missing a lot of play opportunities that the more mobile and skilled 10-month-olds were experiencing. When I checked this out with his developmental specialist, she suggested ways I could posiiton him - in a bean bag chair, infant seat, or in my lap - so he could see the world from a sitting position. We also hung toys and a ball so that he could continue to play and explore even when he could not keep holding a toy. Now I consistently judge how to position him or what toys to offer him by looking at his age-mates. While he is not always as skillful, he's developing his abilities in the same environment and with the same materials as other little guys his age."

TOYS MADE FROM MATERIALS AROUND THE HOUSE

MATERIALS	SOME USES
Large cardboard boxes	• children can get in and out of them, play train • good for developing gross motor skills
Cereal cartons, margarine boxes, milk cartons, egg cartons, kitchen towel or toilet paper tubes	• use the boxes as containers or building blocks, the tubes for making necklaces or telescopes • good for developing fine motor skills
Scraps of materials, string, yarn, paper, cardboard, ribbon	• use to make feely boards or to do art activities • the feely board is good for developing child's sense of touch. • As art activities, good for developing creativity and fine motor skills
Newspapers, paper bags, magazines	• can be used for art activities and to make puppets • cut out pictures from magazine for language development activities • good for developing fine motor and language skills
Old clothes (shoes, hats, dresses, shirts, pants, purses)	• use for dress up time • good for developing self-help skills and promoting social interaction
Unbreakable dishes, kitchen utensils, pots, pans	• use to play house, pretend cooking, musical activities • good for social and cognitive skills
Large buttons and spools of thread	• string them, paint them good for developing fine motor skills, cognitive skills

PROJECT A.C.C.E.P.T.

Including Special Needs Children in Community Child Care Environments

(date)

Dear Child Care Owners/Operators:

The **1993 AMERICANS WITH DISABILITIES ACT** prohibits child care programs from discriminating against a child with special needs. **IMPACT** has received a grant from the State of Florida to help you provide a quality environment for ***ALL*** children, in compliance with the requirements of the **A.D.A.**

This grant, called **PROJECT A.C.C.E.P.T.**, offers you an opportunity to increase your understanding of children with disabilities. It provides training, consultation, and other support services at no cost to you except your time and willingness to participate. Enclosed is information describing an eight-step process which tells you exactly what is involved.

Once the commitment is made, the resources of IMPACT can be used to help you and your staff include the special need child in your program. Or, if you already have enrolled such a child, you will find additional support for the development of appropriate practices for that child and future children who may wish to enroll. A customized lending library containing toys-books-staff training materials will be available to you, and a handicapped awareness program will be presented for the children in your care.

The State has funded **PROJECT A.C.C.E.P.T.** for 1993-94. If you wish to become a participant in the Project, an agreement is enclosed requiring your signature. The agreement should be returned at your earliest convenience.

If you have any questions, please feel free to contact me at **IMPACT**, 481-1114.

Sincerely yours,

Harriet F. Reece, Ph.D.
Coordinator
Project A.C.C.E.P.T.

MEDICAL RESOURCE

Do medical issues have you baffled? ***UPDATE***, a newsletter covering children's health issues as well as basics of everyday child care management, is now available to child care providers.

Articles and features in ***UPDATE*** complement advice and guidance from parents, physicians and providers.

Want a subscription?? Contact Judy Adams, Certified Pediatric Nurse Practitioner:

Kid Care Communications
11754 W. 28th Ave.
Lakewood, Colorado 80205

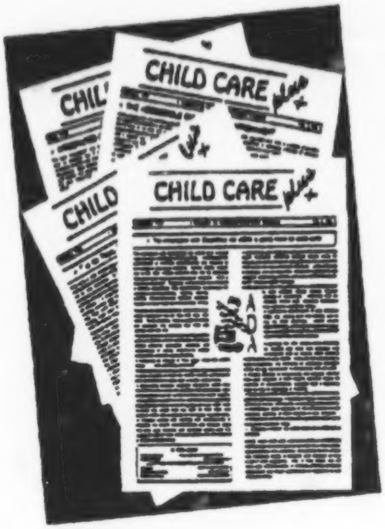
(303) 232-3535

CHILD CARE plus+

A Resource for Integrated Child Care Providers

- Articles on inclusion of children with disabilities in typical early childhood settings.
- Practical ideas for including children with disabilities in every-day-little-kid activities
- Ongoing support for early childhood professionals.

CHILD CARE plus+ features



Headline Article
Hot topics in integrated child care.

Notes from Home
Compliments, suggestions, and constructive criticism from parents.

From the Source
Who to contact in the community, and how.

Making It Work
Adapting toys, designing activities, building specialized equipment

Spotlight !
Description of a child care program, resource and referral organization, or innovative approach

What Do I Do When. . .
Question/answer column which responds to questions from readers

Resource Review
Useful books, articles, videotapes, and other resources.

To receive four issues per year (published quarterly), fill out the section below and mail it (with your check) to: Child Care plus+, Rural Institute on Disabilities, The University of Montana, Corbin Hall, Missoula, MT 59812

☐ **YES, I would like a one-year subscription to CHILD CARE plus+**

A Newsletter for Providers of Integrated Child Care

Name: ____________________

Title/Program: ____________________

Address: ____________________ ZIP ________

☐ **I have enclosed $5.00 for my subscription***

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